### A Place Not Meant for Habitation

A Report by the Bureau of Homelessness & Housing Services

July 1, 2016 to June 30, 2017



Office of Human Services

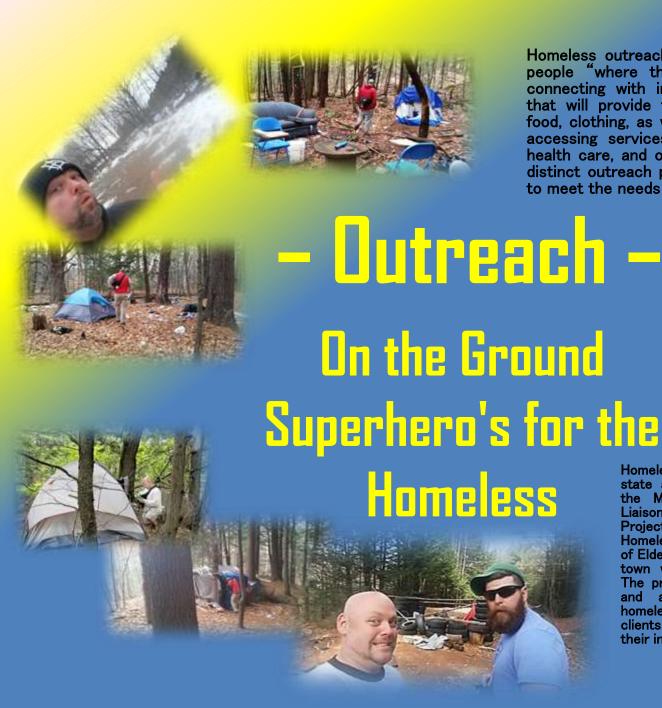
New Hampshire Department of Health and Human Services



## Homeless Definition

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;



Homeless outreach programs are designed to meet people "where they are at" and assist them in connecting with imperative services and programs that will provide for basic needs such as shelter, food, clothing, as well as referrals and assistance in accessing services, including medical care, mental health care, and other human services. NH has two distinct outreach programs that work collaboratively to meet the needs of unsheltered homeless persons.

These programs provide aggressive street outreach and intervention to unsheltered individuals and families who are living in places not meant for habitation throughout the majority of the State of NH.

Homeless Outreach works closely with many state and local programs/agencies including the McKinney Vento Homeless Education Liaisons, Homeless Veterans Coordinator, Projects for Assistance in Transition from Homelessness (PATH) outreach, the Bureau of Elderly and Adult Services (BEAS), city and town welfare administrators, among others. The primary purpose is to obtain immediate and appropriate shelter for unsheltered homeless, with a secondary purpose of helping clients become self-sufficient by increasing their income.

### STRAFFORD CAP (CAPSC)

"I was determined to survive. And I did."

Wayne used to be a carpenter in Dover who loved to fish on the weekends. After struggling for most of his life with an addiction to alcohol, he lost his job and his home and found himself bouncing from shelter to shelter before ending up in the woods, where he lived for ten difficult months.

Every day, Wayne was not sure if he would live or die. He knew he had to use every resource possible to survive. Most importantly, he knew he had to be sober if he was going to live, and made a commitment to himself to make that happen.

"I turned it around," says Wayne. Knowing it was literally a matter of life and death, he managed to stay sober for thirty days. During that time, Wayne met Alix Campbell, CAPSC's Homeless Outreach Specialist, over the winter, when she brought him a sleeping bag, boots, and other necessities to survive the bitter cold New England winter. Alix helped Wayne continue his sobriety by helping him access benefits so he could have some income, resources for affordable housing and recovery support.

"Wayne is a completely different person from the man I worked with a year ago," says Alix, "He smiles now, and you can see the joy in his face. We were able to provide him with what he needed to survive a life that is unimaginable for most. By treating him with dignity and kindness, and offering him help without judgement, we gave him hope that, one day, he would achieve his goals and open the door to his very own home. And, in turn, Wayne's story gives hope to others who are struggling that change is possible and that recovery can open doors to a better life." Wayne did indeed open the door to his own apartment in July of 2016. He rides his bike everywhere and attends daily



AA meetings to get support to keep his recovery on track. He gives back to the community by making sure other homeless individuals have the outdoor skills and knowledge they need to survive, and shares his experience, strength and hope to those struggling with addiction. One of Wayne's first purchases after paying his rent and buying food was a fishing pole so he could get back to one of his favorite hobbies, and he recently bought a crockpot so he can enjoy cooking again. "My apartment is awesome," he says, smiling broadly. "I don't have to sleep with one eye open any more. I can lock my door, go to bed, and know I'm safe."

"I've made a 380 degree turn," he continues with a smile, "I've worked so hard to achieve the life I

have today, and I couldn't have done it without the support of some great friends and the people at CAPSC. Because of them, I survived against the odds. In many ways, CAPSC saved my life."



## CLIENT STORIES

P.R. came to Southwest Community Services after being very sick, his wife was throwing him out, and angling for full custody of his kids. He was sleeping in a cold basement. We assisted him with finding income, then an apartment, and I helped him with a HHARLF application. I am happy to say he is still housed, he checks in with his case manager once a month and works a full time job and 2 part time jobs. He now gets to see his kids on weekends.

### Mike, Daryl, Joanne

In the past program year Strafford County CAP was able to place 3 chronically homeless individuals, Mike, Daryl, and Joanne, into permanent supportive housing. All 3 had been living outside – even through the winter – and were unable to secure housing themselves due to either mental health or substance abuse issues. I was able to connect them all with the case manager for the PSH program at Cross Roads House shelter. I worked closely with this case manager to continue providing support to the client throughout the process and all 3 have maintained their housing to this day. I was also able to help secure housing for another chronically homeless individual named Jim, through the local housing authority. He was living deep in the woods in a makeshift shelter and refused to use a phone for communication. I would go out and track him down anytime the housing authority needed to communicate with him until finally he was able to move in.

### Family of 7

Tri-County CAP just finished working with a family of 7 (Mom, Dad, 5 children (1 was an adult)). After moving here from southern New Hampshire, they were evicted from their home and left homeless. They had stayed in numerous campgrounds (in tents and the car) in the area for 2 months. We were able to house them through a combination of Rapid Re-Housing, HSGP, working with 2 Town Welfares, and with all of this, still keeping the children in their most recent school district.

### Homeless in Concord

Belknap-Merrimac CAP had a young man become homeless in Concord after a break up with his girlfriend in the mid-west. He was staying at the cold weather shelter and eating at the soup kitchen. Within three days of meeting him and his completing his ESG paperwork we found him a one bedroom apartment with a local landlord. After the landlord met him he hired him full time as a carpenter/painter. He volunteers with us to help people get in. Six months later all is well without us.

### Mary & John

It has been a rough couple of years for Mary and John. John was in a terrible motorcycle accident a year ago that left him mentally and physically disabled. The significance of John's disabilities are enough that he is unable to work and his wife is now his caretaker. In addition to taking care of her husband and children, Mary is also a waitress at a local restaurant. They have lived in the same home for 6 years and were notified that the house sold and they needed to move on. We were able to help them with a Security Deposit through our Security Deposit Loan program and a temporary subsidy through our Emergency Assistance Grant program. This assistance will aid the family to become settled into their new situation. Mary thanked us profusely when she learned of the assistance that she qualified for and kept saying "I have to tell John...he is not going to believe it!" These programs gave this family of 5 some hope during a tumultuous time.



### PATH Outreach

We have a young man 21 who has been with us for three or more years. He lived along the Merrimack River in a large encampment. It was not a safe place for a 18 year old to be. After working together with our PATH outreach worker, The Friendly Kitchen staff and others we convinced him to try living alone inside. He will soon sign his third lease with his landlord. After fits and starts of allowing other people to live there he is now on his own with his cat. After being on the system his entire life he now owns a small business in Concord

along with a partner. He has gone from sleeping 12 hours a day to working 12 hours a day. He was not always the tidiest housekeeper in the building after taking his Food Safe and Serve Safe course for his business, his apartment and business are always spotless.

### Eugene

Eugene was 32 when he came to The Salvation Army McKenna House in January of 2017.

"I have been sober for eleven months, the longest I have been clean."

"This place saved my life. I got everything I needed from the house, support and guidance to get on the right path."

The Salvation Army McKenna House opened in 1982. The facility is a 42 bed homeless shelter for single men and women. Residents are provided with a warm bed, three meals a day, toiletries, laundry services, clothing and case management. Also the staff provides referrals to agencies that address specific individual needs.

Eugene grew up in Massachusetts and had a rough start in his early life. He recalls, "I was a good kid, never got into trouble or drugs." His father was an alcoholic and mother a drug user. He eventually ended up in foster care in his early teens where he was physically and mentally abused. In later years he was diagnosed with Post-Traumatic Stress Disorder and depression. His medication for PTSD seemed to not be relieving his anxiety so he decided to smoke pot and drink alcohol to cope.

In 2005 Eugene entered the Hospitality and Culinary Arts program at SNHU in Manchester, New Hampshire. At the time he was not drinking and completed the program, receiving his associate degree in Culinary Arts. Over the years Eugene worked as a chef at various restaurants.

While working as a chef at a New Hampshire restaurant he injured his foot. Eugene had to take time off from work in order for his injury to heal. During his recovery he started to drink again. He recalls, "I drank myself into a black hole, I even tried to kill myself."

Eugene spent time in shelters and rehabilitation programs that specialized in addiction and behavioral health for most of his early life.

Eugene states he feels safe and has connected well with staff at the McKenna House. He volunteers by organizing and sorting the 6 pallets of food donated by the Sam's Club Fresh Rescue program.

The produce, meat, and bakery items are utilized at The Salvation Army McKenna House, The Salvation Army Corps Food Pantry and distributed to other area food pantries. Eugene prepares and cooks three meals a week at the shelter. In addition, Eugene works full time at a local up-scale restaurant, attends five AA meetings per week, and has built a savings for housing. Eugene expressed, "I am where I am supposed to be."



## This is a perfect example of what we have seen over and over for the last 20 years of managing a TH program.

Client came to us with teenage son, facing eviction from her apartment in Rochester. Originally from New York, NY. Her oldest son was living here and she was loosing her income based housing there. She moved here thinking that income based housing here worked like it did in NY and did not realize how long the wait list actually is here and how long it would take for her to get income based housing. What little money she did come with ran out and she was not able to sustain her unit. Upon arrival here at the shelter we assisted her in the application process of many housing authorities for both PA housing and Section 8. She moved from the shelter into our Transitional housing program (18 months to 2 years). She stayed in our TH program until she obtained her Section 8 voucher and was successful in obtaining an apartment.

This is a perfect example of why TH programs work! The wait list is too long for PA and section 8 housing. Clients should not have to live in an emergency shelter for a year (if they are lucky) or more waiting for income based housing. Transitional housing although is just that and not permanent it does serve a key purpose for families to be in an apartment of their own while they work on long term barriers and income base housing to be available instead of living in shelter for that long.

story in regards to a woman getting rapid re-housing funds to get her own place. She had never lived on her own; always living with family (parents or husband and kids, siblings). After this woman got approved for the HHARLF loan and ESG grant, and feeling more self worth, it gave her the confidence to try to better her situation. Working at Wal-Mart, though financially beneficial to her, her opportunities were limited and she was quite frankly getting

burnt out. She consequently, applied

training in an LNA program. That's a pretty good success story if you ask

for and successfully completed

me.

**Tri-County CAP Success** 

Outreach workers (amongst many others), can give countless more accounts of seeing and hearing the joy and relief on people's faces and in their voices, when they are told they 'got approved' for funds to get into their own apartment;

or, when they got eviction prevention assistance to stay in their apartment.

It indeed makes them feel like they are worthy of this assistance; making them feel more like a part of the community; more like a cared about human being.

Isn't that what it is all about?



### **EMERGENCY & TRANSITIONAL SHELTERS**

The NH Bureau of Homeless and Housing Services provided funding to over 40 Emergency, Specialty, and Transitional Shelters that served approximately 4,496 homeless men, women and children in SFY '17. These shelter programs act as a safety net for individuals and families who have run out of options and would otherwise be without a place to sleep. They are a critical component of the local homeless care network.

### **Emergency Shelters and Transitional Housing Services for our New Hampshire Neighbors**

Shelter services in New Hampshire provide several categories of shelter for those in need of services. The State budget allocates funds that support these organizations providing supportive services to emergency and transitional shelters statewide in order to assist victims of domestic violence, single adults and families residing in New Hampshire.

**Day Shelters** provide a warm and supportive environment to homeless and low-income people during the day. Case management and assistance accessing mainstream services is often provided. Meals and basic hygiene products, laundry and shower facilities may also be offered. Most day shelters provide their services free of charge. Any emergency or homeless shelter that allows clients to stay during the day is also classified under this category.

**Emergency Homeless Shelters** both provide short term relief for individuals and families experiencing homelessness. Frequently, emergency shelters encourage a maximum stay of 3 months or less. Many of these shelters ask their clients to leave during the day. Meals and other supportive services are often offered.

**Transitional housing** is temporary housing designed to provide client-centered support services to persons who are homeless or who are close to homelessness. The intention is to help individuals develop daily living skills to be independent and successful in permanent housing. Services provided at transitional housing facilities can include life skills, budgeting, substance use disorder treatment, community mental health services, employment and educational training, domestic violence assistance, etc.

### State Funded Emergency and Transitional Shelters

### Emergency Shelter = ES; Transitional Housing = TH



### Coos:

Tyler Blain House, Lancaster – ES

### **Grafton:**

The Bridge House, Plymouth – ES Headrest, Inc., Lebanon - TH

### Belknap:

Laconia Area Community Land Trust, Laconia – TH
Salvation Army – Carey House, Laconia – ES

#### Sullivan:

Southwestern Community Services, Claremont – ES

#### Merrimack:

FIT: Concord Transitional Housing, Concord – TH

The Friends Emergency Housing Program –

The Salvation Army – McKenna House, Concord – ES

#### Strafford:

My Friend's Place, Dover - ES & TH

### Carroll:

None.

### Cheshire:

Southwestern Community Services, Keene – ES

### Hillsborough:

### Families in Transition Locations:

- Family Willows, Manchester TH
- Lowell Street Specialty Emergency Shelter, Manchester ES
- Manchester Emergency Housing, Manchester ES (2)

Helping Hands Outreach Ministries, Manchester – ES

The Front Door Agency, Nashua - TH

Family Promise of Greater Nashua, Hudson – TH

Harbor Homes, Nashua – ES

Nashua Soup Kitchen & Shelter, Nashua – ES

New Horizons for New Hampshire, Manchester – ES (2)

The Way Home, Manchester – TH Marguerite's Place, Nashua – ES

### **Rockingham:**

Cross Roads House, Portsmouth – ES New Generation, Greenland – TH

## NH Continuum's of Care

### US Department of Housing and Urban Development (HUD) Continuum of Care Program

The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

New Hampshire has three distinct CoCs, the Balance of State Continuum of Care (BoSCoC), Manchester Continuum of Care (MCoC), and Greater Nashua Continuum of Care (GNCoC). The three CoCs all have similar missions, visions, goals, and responsibilities with the aim of preventing and ending homelessness. Each CoC meets regularly to discuss ongoing strategies for ending homelessness in their communities, and to share resources to meet specific goals. These organizations work collaboratively with over 250 HUD, State and privately funded projects throughout the state in the attempt to end homelessness.

All of the CoCs have active committees and subcommittees that include (but are not limited to):

- -Executive and Leaderships committees
- -Data sub-committees
- -Chronic Homeless and Ending Homelessness sub-committees
- -Youth Subcommittee

For specific questions or further information on any of the CoCs, please contact:

### **Balance of State - BoS**

Bureau of Homeless and Housing Services

NH Department of Health and Human Services

Brown Building

129 Pleasant Street

Melissa Hatfield, Co-Chair

Concord, NH 03301 (603) 271-9197

melissa.hatfield@dhhs.state.nh.gov

You can also visit their website at <a href="https://www.dhhs.nh.gov/dcbcs/bhhs">www.dhhs.nh.gov/dcbcs/bhhs</a>.

### <u>Manchester – MCoC</u>

Erin Kelly, Chairperson

Child and Family Services

464 Chestnut Street

Manchastar NU 021

Manchester, NH 03105

603-518-4268 kellye@cfsnh.org

You can also visit their website at <a href="https://www.mcocnh.org">www.mcocnh.org</a> or e-mail at <a href="mailto:info@mcocnh.org">info@mcocnh.org</a>.

### Greater Nashua - GNCoC

Mandy Reagan, Co-Chairperson

Harbor Homes, Partnership for Successful Living

77 Northeastern Blvd

Nashua, NH 03062

(603) 882-3616, Ext. 1259 M.Reagan@nhpartnership.org

Cross Roads House 600 Lafayette Road Portsmouth, NH 03801 (603) 436-2218, Ext. 110

Martha Stone, Co-Chair

Martha@crossroadshouse.org

Cathy Kuhn, Vice-Chairperson

Families in Transition 122 Market Street

Manchester, NH 03101 603-641-9441

ckuhn@fitnh.org

Heather Nelson, Co-Chairperson
Harbor Homes, Partnership for Successful Living
77 Northeastern Blvd
Nashua, NH 03062

603-882-3616 Ext 1178

<u>H.Nelson@nhpartnership.org</u>

You can also visit their website at www.nashua-coc.org.





## Unifying Community Efforts To Prevent and End Homelessness

### **History of the Manchester Continuum of Care**

In 1987, Congress passed the McKinney Homeless Assistance Act, which authorized funds to agencies across the country to provide services to low-income and homeless persons. The U.S. Department of Housing and Urban Development was responsible for distributing funds allocated under the Act.

In the mid-90's, the Department of Housing and Urban Development created a unique application process for distribution of the funds. In order to apply, organizations in the same community were required to create a Homeless Continuum of Care and submit a joint application. This process was designed to increase collaboration among homeless service and housing providers in communities, while at the same time decreasing the length of application review for the department.

In 1994, Mary Sliney, of The Way Home, and Maureen Beauregard, of Families in Transition, began working to develop a Continuum of Care for Manchester. Mary began reaching out to the community for support while Maureen began studying federal strategies in creating Continuums of Care.

In 1995, when the Notice of Funding Availability was posted for Continuums of Care, Mary and Maureen gathered support to submit the Continuum's first joint proposal. Mary and Maureen continue to work with the community in developing support and capacity for the MCoC.

Today, the Continuum continues to grow, with strong connections to participating agencies in the community as well as emergency shelter beds, transitional housing beds, permanent supportive housing beds, safe haven beds, and rapid rehousing beds.

With several committees, dozens of participating agencies, and continued support from its passionate founders, the MCoC continues to foster community collaboration on developing shared resources to prevent and end homelessness.

The Manchester Continuum of Care (MCoC) provides support to homeless service and housing providers within the City of Manchester and across the state. Agencies collaborate on joint grant applications, service and housing programs, special events for the homeless and monitoring trends and changing needs within the homeless and at-risk of homelessness population. The participation of these agencies, as well as participation from city, state, and the for-profit community, is necessary in fulfilling our goal to end homelessness in Manchester, NH.

There are many ways in which agencies can become involved in the MCoC. If your agency is interested in getting involved, please email <a href="mailto:info@mcocnh.org">info@mcocnh.org</a>.



## Unifying Community Efforts To Prevent and End Homelessness



### **GET INVOLVED**

There are many opportunities to become involved with the Manchester Continuum of Care. Here are just some of the ways you can get involved:

Attend our General Assembly meetings — anyone can attend! **Volunteer** for our annual Point-in-Time Count or our annual Project Homeless Connect.

**Donate** to one of our participating agencies.

Please see our Participating Agencies page for their respective websites.

If you would like to volunteer or donate, please email <a href="mailto:info@mcocnh.org">info@mcocnh.org</a>.

**Become and AmeriCorps VISTA.** 

AmeriCorps\*VISTA



As the Manchester Continuum of Care VISTA (Volunteer in Service to America), you will work with us for a minimum of one year to build programs, to create change, and to end homelessness in Manchester, New Hampshire. Many VISTAs are recent college graduates; however, VISTAs can vary in age and experience. This position is part of the Families in Transition VISTA Program, one of the largest AmeriCorps VISTA networks in New Hampshire.

To learn more about the Families in Transition VISTA Program, please visit their website.

**SERVICE LINES** 

**2-1-1 NH**: Simply dial 211

**Toll-Free Homeless Assistance Line**:

1-877-606-5173

**Local Assistance Line:** 

603-606-5173

Runaway and Homeless Youth Crisis Line:

800-786-2909



### Nashua, NH Continuum of Care



### **MISSION:**

Founded in 1995, the Mission of the Nashua Continuum of Care is threefold: (1) To foster and promote comprehensive, cohesive, and coordinated approaches to housing and community resources for homeless persons and families; (2) To identify and address service gaps and risk factors in the community; and (3) To prioritize unmet service needs to develop and oversee a system of prevention, intervention, outreach assessment, direct care and aftercare for homeless individuals and families.

### **GEOGRAPHIC COVERAGE:**

Nashua, Brookline, Amherst, Hollis, Merrimack, Milford, Mont Vernon, Hudson, Litchfield and Mason

### **PURPOSE:**

Networking and collaborating to formalize coordinated strategies towards the development of an unduplicated, seamless service provision for the community's homeless population. The ultimate vision for success held by the Greater Nashua COC is one of an idealistic community where homelessness no longer exists. In this vision, there are adequate resources for each individual to access the goods and services he or she requires. An ample supply of safe, affordable, permanent housing and support services would assure that no one will have to sleep on the streets, in automobiles, park benches or places unfit for human habitation. Additionally, The COC is responsible for collaboratively submitting an application for funding each year to HUD (called the SuperNOFA) which grants approximately \$1.6 million annually for housing and supportive services in our community

### **MEETINGS:**

Monthly meetings, attended by representatives of the Federal, State and City governments, housing program directors, hospitals, veterans, social service agencies, homeless and formerly homeless individuals, financial community and private sector representatives, and religious institutions of several denominations, take place the first Wednesday of the month at 8:00 am in the Nashua City Hall 3rd Floor auditorium.

### Nashua, NH Continuum of Care





Harbor Homes is a non-profit community-benefit organization that provides low-income, homeless, and disabled New Hampshire community members with affordable housing, primary and behavioral health care, employment and job training, and supportive services. As a member of the Partnership for Successful Living, Harbor Homes offers a unique, holistic approach to care that results in better outcomes for our clients and the community.











- Harbor Homes, Inc. creates and provides quality residential and supportive services for individuals, and their families, with mental illness and/or experiencing homelessness. The agency also operates Greater Nashua's only Healthcare for the Homeless clinic, Harbor Care Health and Wellness Center. www.harborhomes.org
- Healthy at Home, Inc. strives to enhance the lives of people with illness or injury through a cooperative relationship with the community, professional medical+ providers, and organizations that serve people in need of healthcare. www.healthyathome.org
- Keystone Hall, also known as the Greater Nashua Council on Alcoholism, Inc., provides comprehensive substance use treatment and recovery services to individuals and families in a supportive environment while providing a strategic framework for substance use prevention in New Hampshire.

  www.keystonehall.org
- Milford Regional Counseling Services, Inc. provides access to professional mental health care, regardless of income or geographical obstacles. <a href="https://www.mrcs.org">www.mrcs.org</a>
- The Southern NH HIV/AIDS Task Force, Inc. increases the quality and availability of knowledge, services and resources in all matters relating to HIV infection and AIDS to the people in the Southern New Hampshire region, regardless of race, religion, ethnicity, disability, gender, age, or sexual orientation. www.aidstaskforcenh.org
- The Institute at Welcoming Light, Inc. provides affordable event planning, quality training, technical assistance and staff development to non-profit agencies, forprofit businesses, government agencies, and the community. <a href="https://www.wli.org">www.wli.org</a>
- **Veterans FIRST:** a combination of housing, employment and supportive services for veterans and their families.

### Homeless Prevention & Intervention

### **Homeless Prevention and Intervention**

An array of statewide services falls under the Homeless Prevention/Intervention service spectrum which, together with the emergency shelter system, acts as a safety net for some of New Hampshire's most **vulnerable** citizens. Services are provided through multiple Community Action Agencies and other non-profit service providers across the state and offer interventions that have a direct and positive impact on individuals and families, preventing them from becoming displaced or assisting the displaced in moving on to permanent housing. Services are widely varied to meet the diverse needs of displaced individuals and families and often provide direct financial assistance to avoid eviction or foreclosure, pay overdue utilities when disconnection is impending, or assist with transportation so someone can continue to work or receive health care or other services. These programs are often the last resource for people encountering circumstances that will result in homelessness, and are provided after all other community resources have been exhausted. Other Prevention/Intervention services include budget counseling or assistance with acquiring other necessary life skills and assistance accessing imperative services such as shelter or other human services.

Two unique intervention programs promote access to permanent housing, providing opportunities for low income individuals and families to secure safe, affordable housing in NH's low vacancy, high cost rental market. These programs may serve as both a landlord encouragement to rent to someone who may not have stable housing or credit history, and provide financial assistance in the form of an affordable loan or guarantee to the client. These programs can support homeless individuals and families to move quickly out of homelessness more than if they were to save up the funds (often first and last month's rent plus the security deposit) necessary to move into an apartment.

### **Housing Security Guarantee Program (HSGP)**

This is a non-cash voucher program that provides a guarantee for the security deposit to the landlord, while the tenant makes payments to the agency until the total amount of the guarantee is met. If a client defaults on their loan, the agency will make the payment to the landlord. When the client has paid back the deposit in full to the agency, the agency then transfers the security deposit to the landlord.

### Homeless Housing and Access Revolving Loan Fund (HHARLF)

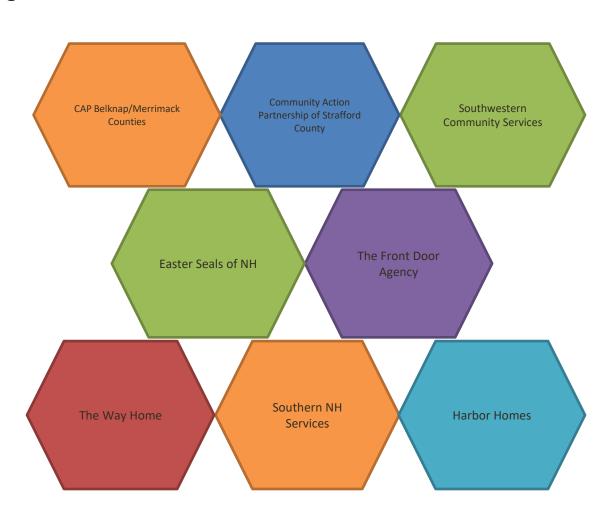
This program provides loans for the first month of rent and/or security deposit for homeless individuals and families. HHARLF loans are available to individuals that may not qualify for other assistance programs due to exceeding income guidelines.

## ESG

## (Emergency Solutions Grant) Rapid Re-Housing and Homeless Prevention Assistance

New Hampshire ESG supports two types of housing services and stabilization services

- Rapid Rehousing: Funds rental assistance for homeless individuals and families.
- Prevention: Funds overdue rental payments or utilities to prevent eviction into homelessness.
- Housing relocation and stabilization services: Includes case management, moving costs, utility payments and deposits, credit repair, security deposits, housing search and service costs.



## ~INITIATIVES~

- PREVENTING AND ENDING YOUTH HOMELESSNESS
- ENDING VETERAN HOMELESSNESS STATEWIDE
- BUILT FOR ZERO COMMUNITY SOLUTIONS
  - STATEWIDE COORDINATED ENTRY SYSTEM
  - 2-1-1 New Hampshire

# Effectively Ending Veteran Homelessness

### What Does "Ending Homelessness" Mean?

Reaching an end to homelessness means that our communities have quick and comprehensive responses to those at risk of or experiencing homelessness. It means our system is coordinated and works to ensure that homelessness is prevented whenever possible, or if it can't be prevented, it is rare, brief, and non-recurring. Specific goals to accomplish this:

- Quickly identify and engage people at risk of and experiencing homelessness.
- Diverting people from entering the homelessness services system
- Intervening to prevent people from losing their housing
- Providing people with immediate access to shelter and crisis services without barriers to entry if homelessness does occur.
- Quickly connecting them to permanent housing assistance with services tailored to their unique needs and strengths to help them achieve and maintain stable housing.

### Criteria and Benchmarks

The United States Interagency Council on Homelessness (USICH) and member agencies have developed specific criteria and benchmarks in order to help guide communities as they take action to end homelessness for targeted populations; Veterans, families, youth, and people with disabilities. The criteria represent the foundations of a community's system response, while the benchmarks serve as measurements with which communities use to assess overall effectiveness

In 2009, the Obama administration declared a national goal of ending Veteran homelessness by 2015. The US Interagency Council on Homelessness (USICH) released the Federal Strategic Plan in 2010 to support this effort. To help secure commitments to this goal, in 2014 First Lady Michelle Obama announced the Mayors Challenge to End Veteran Homelessness. The First Lady received pledges from 702 mayors, 9 governors, and 172 county and city officials to end veteran homelessness in their communities. **AND THIS STILL STANDS!** 

### Why Veterans?

Veterans have historically been at greater risk of experiencing homelessness than other U.S. adults. The reasons for this are not all related to military service, however combat exposure, wartime trauma, complex health needs and post-traumatic stress disorder (PTSD) can lead to further social isolation and psychiatric hospitalization, which are primary risk factors for homelessness. Another risk for homelessness is criminal justice involvement. Approximately half of Veterans experiencing homelessness have histories of involvement with criminal justice after discharge from the military. Incarcerated Veterans experiencing homelessness have high levels of health, mental health, and/or substance use disorders. Veterans also experience the same systemic risk factors for homelessness as other populations, with lack of affordable housing, livable wage gaps, systemic oppression, generational poverty and institutionalized racism.

### By the numbers

Between 2011 and 2016, Veteran homelessness was reduced by 47% in the US —including a 17% reduction during 2015 alone—and achieved a 56% reduction in Veterans experiencing unsheltered homelessness. Between 2016 and 2017, there was a 1.5 percent increase in the estimated number of homeless Veterans nationwide. On a single night in January 2017, just over 40,000 Veterans nationwide were experiencing homelessness. On the same night, just over 15,000 of the Veterans counted were unsheltered or living on the street. Despite this, communities were still making progress toward ending Veteran homelessness. 3 states and 59 communities have now been confirmed as achieving this goal.

### It takes a village

One of the most important features of the Ending Initiatives is the emphasis on collective approaches to ending homelessness. Rather than 'silo-ing' services, ending homelessness encourages measurable coordination across organizations, funding and programs to work towards common goals. Increasingly, investments are directed towards evidence-based practices and data driven decision making. HUD and the VA had prioritized Housing First as a means of quickly ending homelessness without precondition or barriers to permanent housing, offering programs accepting applicants regardless of their sobriety or use of substances, poor credit or financial history, or past involvement with the criminal justice system. Staff in shelter, outreach, and housing settings are trained in evidence based approaches with motivational interviewing, trauma informed care, harm reduction strategies and progressive engagement.

### How are we ending Veteran homelessness in NH?

New Hampshire's three Continuum of Cares (CoC's) have declared a commitment to pursue an effective end to Veteran homelessness, each having a dedicated subcommittee for these efforts. Through the CoC's and 211, a coordinated entry system is in place that recognizes and prioritizes veterans who are homeless or at risk of homelessness. Once identified through Coordinated Entry, the assessment is immediately sent to Veteran providers for intervention services. Coordinated outreach is also conducted across funding streams (PATH, VA, SSVF) to reach Veterans experiencing homelessness and engage for services.

The Bureau of Homelessness and Housing Services hosts a weekly phone conference of stakeholders throughout NH, making up the Ending Veteran Homelessness Committee. This committee is a hybrid group of policy makers and direct service providers including representatives of VSO, VA Homeless Programs, SSVF, GPD, DHHS agencies, the three CoC's, Easter Seals Military & Veteran Services and numerous state and federal agencies that serve veterans. A by name list of Veterans experiencing homelessness is reviewed and case conferenced for permanent housing solutions with providers.

How are we ending Veteran homelessness in NH?, cont.

## Once identified, there are unique, robust housing programs and supports available for Veterans who are experiencing or at risk of homelessness:

Supportive Services for Veteran Families (SSVF): VA funded grant held by Harbor Homes, Southwestern Community Services and Veterans Inc with a goal of promoting housing stability among very low-income Veteran households who reside in, or are transitioning to permanent housing. Veterans that are identified are immediately linked to an SSVF provider who connects with the family for a needs assessment within 24 hours. Specialized services such as legal liaisons and Social Security Outreach Access and Recovery (SOAR) integration encouraged to reach the most vulnerable Veterans.

HUD-Veterans Affairs Supportive Housing (VASH): Manchester and White River Junction VAs. Combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). Targets low income Veterans experiencing chronic homelessness.

<u>Grant and Per Diem:</u> Service intensive transitional housing for Veterans experiencing homelessness.

<u>Easter Seals Military and Veteran Services</u>: Providing care coordination for and housing stability assistance for veterans as well as members of the National Guard and Reserves

**Additional** resources are leveraged through local communities, Continuum of Care programs and mainstream systems to provide access to affordable housing, health care and behavioral health care, and opportunities for work and incomes for achieving the goal of ending homelessness for all Veterans.









## Unifying Community Efforts To Prevent and End Homelessness



### **BoSCoC**

New Hampshire's Balance of State Continuum of Care

Brought to you by the folks at the

Bureau of Homeless and Housing Services

### Is it possible?

**Yes!** In March 2017, The Greater Nashua Continuum of Care (GNCOC) received federal certification declaring an effective end to Veteran homelessness. The GNCOC vested leadership in this project, spearheaded by Peter Kelleher and Harbor Homes, Inc.

The GNCOC's efforts have led to a robust system of veteran services that is sustainable and replicable and that homelessness for veterans in our community is brief, rare and non-recurring. Targeted efforts with Grant and Per Diem to reduce length of stay and use a housing first, low demand model. Weekly wrap around meetings with community providers, SSVF, GPD HVRP and VA staff (VASH, HPACT, GPD Liaison, employment) to ensure residents are connected to services. SSVF staff member co-locate to GPD program to ensure all Veterans are presented with PH options *first* and are only entered into GPD when wanted and necessary. Granted preference for 25 Section 8 vouchers from New Hampshire Housing for Veterans leaving GPD program.

Service providers across the GNCOC, including SSVF, are linked via a shared toll-free phone line, email and database system. Permanent housing options for Veterans experiencing homelessness in the GNCOC include financial assistance through SSVF that leads to PH, mobile and project based HUD-VASH, Section 8/ other mainstream programming (i.e. affordable housing based on income), transitional housing other PH programming, such as GNCOC's HUD-funded housing, Housing Bridge Subsidy Program, HOPWA, ESG/RRH, Non-income based programs that include supportive services for honorable and other than honorable discharge status: GNCOC's Permanent Supportive Housing, Easter Seals' Veterans Count privately funded and ESG funded programs.











**SSVF Harbor Homes** 

### **Greater Nashua Region Celebrates the Effective End to Veteran Homelessness**

On 03/24/2017

**Nashua, NH** Mayor Jim Donchess of Nashua, announced today that the Greater Nashua region (Nashua, Brookline, Amherst, Hollis, Merrimack, Milford, Mont Vernon, Hudson, Litchfield, Mason) has been certified by three federal agencies to have effectively ended homelessness among veterans. Joining the Mayor at a celebratory event at <u>Harbor Homes</u>, Nashua, were representatives from the Department of Housing and Urban Development (HUD), Department of Veteran Affairs, and United States Interagency Council on Homelessness (USICH) along with multiple nonprofit and faith-based collaborative partners, federal, state, and local dignitaries, and community members.

"I am proud of the important work done and the results obtained through the efforts of the Partnership for Successful Living and the Greater Nashua Continuum of Care," Mayor Jim Donchess said. "We have a responsibility to care for those veterans who have sacrificed for us. The Nashua community takes care of our people, and the elimination of veteran homelessness is an example of that caretaking."

The City of Nashua's certification was inspired by a culmination of efforts that answered an Obama administration, federal call to action-a commitment to the Joining Forces Initiative to bring an end to veteran homelessness across our nation's cities. Supported by federal, state, and local resources, the agencies of the Greater Nashua Continuum of Care and staff from the VA, began a robust outreach effort in July 2015, engaging service providers such as Supportive Services for Veterans Families (SSVF), Public Housing Authorities, Veteran Services organizations, human service nonprofits, landlords, and the public at large, to identify all sheltered and unsheltered homeless veterans and provide a swift pathway to permanent housing. By using evidenced-based tools for triaging the needs of identified veterans, having the availability of both rapid re-housing and permanent supportive housing resources, as well as integrating the principles of the Housing First model throughout the span of housing assistance for a veteran and their families, these systems have been streamlined to help a veteran experiencing homelessness to quickly secure permanent housing.

Voucher programs, including HUD VASH which is administered through the VA, were also utilized.

"Through close collaboration with federal and local stakeholder organizations we have been able to provide wraparound supports to Veterans who are experiencing homelessness or are at risk of homelessness," said Danielle Ocker, medical center director, Manchester VA. "With the support of our partners, the medical center has assisted over 450 Veterans to realize permanent housing. There is much to be celebrated today, and there is much more to be done."

Declaring the effective end to veteran homelessness requires meeting several federal benchmarks. The criteria includes identifying all veterans experiencing homelessness and maintaining updated information through the Homeless Management Information System, (HMIS); to provide shelter immediately to any veteran experiencing homelessness who accepts it; to provide transitional housing in limited instances and only as a temporary transition to permanent housing; to have a secure system in place to assist veterans to swiftly move into permanent housing, and to execute resources should any veteran become homeless or at risk of homelessness in the future.

"We applaud all the partners in Nashua who collaborated to plan and execute the critical strategies we know can end homelessness in this country," said Matthew Doherty, executive director of the U.S. Interagency Council on Homelessness. "Communities like Nashua are proving that homelessness is solvable, not just for Veterans, but for everyone."

Today, the Greater Nashua region has currently identified every homeless veteran and has the infrastructure and support systems in place to ensure that any man or woman who has ever worn a military uniform and who is experiencing homelessness today or in the future, will receive immediate assistance to quickly obtain a permanent home. The effectiveness of this system is based on implemented prevention strategies and rapid identification, outreach, engagement, housing placement, and supportive services offered to veterans and their families who are or may become homeless. This continuation of hard work will also ensure that every veteran will get the help they need, once they are in their homes, to stay in their homes.

"We congratulate the City of Nashua, Harbor Homes and everyone who has worked so hard on behalf of our veterans to meet the challenge of ending veteran homelessness," said Gregory Carson, HUD New Hampshire Field Office Director".

Achieving the goal of bringing an end to veteran homelessness does not mean veterans will never face homelessness again or in the future. To maintain this historic progress, the Greater Nashua community is asked to stay alert and watchful for those who may be struggling with homelessness. If you are facing homelessness or may suspect someone who is, please call the Nashua Coordinated Access line at 844-800-9911 or via email at <a href="https://doi.org/10.2016/nashu2.201



### FREE Items Offered:

- Lite Breakfast and Full Lunch Will Be Served
- Non-Perishable Food Items
- Personal Care Items







### **FREE Services Offered:**

- Emergency Shelter Assistance
- Suicide Prevention
- Medical Screening & Referrals
- · Homeless-PACT Team
- Drug & Alcohol Treatment Information
- Help Accessing VA Benefits & Services
- · Legal Assistance/Boots on The Ground
- · Vocational Rehabilitation Services
- · Employment Assistance
- Women Veteran-Specific Services
- · Peer Support

For more information call (603)882-3616 and ask for Andrea Reed, by email: <a href="mailto:a.reed@nhpartnership.org">a.reed@nhpartnership.org</a> or Emily Reisine, Homeless Coordinator Manchester VA at <a href="mailto:Emily.Reisine@va.gov">Emily.Reisine@va.gov</a> or at 800-892-8384 x 3622.



## Preventing and Ending Youth Homelessness

In January 2017, the U.S. Interagency Council on Homelessness and our member agencies—including the U.S. Departments of Education, Health and Human Services, and Housing and Urban Development—released criteria and benchmarks to help guide communities as they bring together many different programs and systems to build a coordinated community response to ending youth homelessness. They reflect the understanding that the varied and unique needs of youth experiencing homelessness require a range of interventions and solutions to help them achieve the outcomes most critical to their success: stable housing, permanent connections, education and employment, and overall well-being.

## Criteria for Ending Youth Homelessness

- 1. The community identifies all unaccompanied youth experiencing homelessness
- 2. The community uses prevention and diversion strategies whenever possible, and otherwise provides immediate access to low-barrier crisis housing and services to any youth who needs and wants it.
- 3. The community uses coordinated entry processes to effectively link all youth experiencing homelessness to housing and services solutions that are tailored to their needs.
- 4. The community acts with urgency to swiftly assist youth to move in to permanent or non-time-limited housing options with appropriate services and supports.
- 5. The community has resources, plans, and system capacity in place to continue to prevent and quickly end future experiences of homelessness among youth.

### Statewide CoC Youth Subcommittee

On June 14, 2016, HUD issued their CoC competition Focus: FY 2016 Policy Priority to End Youth Homelessness: <a href="https://www.hudexchange.info/news/coc-competition-focus-fy-2016-policy-priority-to-end-youth-homelessness/">https://www.hudexchange.info/news/coc-competition-focus-fy-2016-policy-priority-to-end-youth-homelessness/</a>. In this HUD established the goal of ending youth homelessness by 2020.

In response to the HUD directive of this priority, the BoSCoC voted at the March meeting (2017) to change the name and more importantly the focus of the Education Subcommittee to the Youth Subcommittee. The BoSCoC recognized that educational issues could be addressed in a larger committee to focus on youth homelessness. The BoSCoC needed to identify and engage key partners, effectively identify and efficiently utilize resources available to each partner, and determine how to involve each in decision-making about youth homelessness. The BoSCoC is working in collaboration with MCoC and GNCoC.

## HOME HOST PROGRAMS

The Host Home program is in its early stages here in Nashua, NH. We have studied several Host Home programs from around the country and are looking to implement similar programming for our 18+ year old unaccompanied homeless youth. The model we would like to work with is such that the only programmatic expectations would be that the family that is willing to host a youth is to provide safe, stable housing and meals. Beyond that, the case manager/program director would help to facilitate conversation about other expectations beyond shelter and meals that the youth and family might have. If everything checks out, then we would allow the youth to decide whether they would want to move forward with that family.

So far, we have worked with one youth who has been with a host family for about one month. This youth went through the process stated above and has flourished with the host family. It has been great to see this youth, who for much of their academic career, dreaded returning home as home life was not healthy. The youth is now engaged talks with career training programs and is looking forward to life after high school. The host family has been absolutely wonderful to work with and has been great at communicating between the case manager and the youth. Those involved feel that this could be a very cost effective way to provide safe, stable housing to youth so that they can focus on their goals.

Douglas Howard, M.Ed.

District Homeless Liaison Outreach Coordinator

Nashua School District/Harbor Homes

Outreach Cell: 603-305-7734



## Child and Family Services

### WE ENDURE

Founded in 1850, Child and Family Services is the oldest children's charitable organization in New Hampshire. An independent, private nonprofit, CFS is a founding member of the Child Welfare League of America.

### **WE ASPIRE**

### **CFS Vision**

Every child will flourish in a healthy, nurturing, self-sufficient family, supported by an involved community.

### Values

- Every child and youth is entitled to nurturance, protection and a chance to develop his/her full human potential, and opportunities to contribute to the common good.
- Children and youth thrive in the context of families, kinship systems and communities.
- Our work must recognize and value these
- Our services build on client strengths as well as meet their needs.
- CFS programs are based on current research, balanced with experience, creativity and clinical
- CFS delivers exceptional quality programming at good value to communities.

### WE ENDEAVOR

#### CFS Missinn

 Child and Family Services of New Hampshire is dedicated to advancing the well-being of children by providing an array of social services to strengthen family life and by promoting community commitment to the needs of children...





A recent study that was released in November 2017 by Chapin Hall "Missed Opportunities: Youth Homelessness in America" indicates that estimates of youth homelessness across the country are as high as 1 in 10 youth between the ages of 18-25 and 1 in 30 youth between the ages of 13-17. There is good reason to believe that these numbers are similar in NH.

Youth and young adults experience homeless for a variety of reasons including financial/economic reasons, family or community violence, lack of education or dropping out of school, substance use or mental illness of their own or a primary caretaker, their sexual orientation or gender identity, physical or sexual abuse, sexual exploitation, family upheaval such as parental death or incarceration, teen pregnancy, and out of home placement such as foster care. These youth often slip through the cracks of others systems such as the educational, child welfare, behavioral health, and juvenile justice systems.



As a result of homelessness youth experience numerous consequences such as sexual exploitation, poor physical, mental, and dental health, inconsistent connection to education, poor hygiene, substance use, lack of self-esteem, anxiety, depression or other mental illness, social and behavioral concerns, and a lack of trust in adults, authorities, and systems.

Our hope is that NH's children are born into and grow and develop in healthy environments that allow them to build assets in the areas of support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies and positive identity. The Search Institute has shown that these assets help children to grow into productive, healthy adults. On the contrary when children are instead exposed to Adverse Childhood Experiences such as abuse, neglect, and household dysfunction they are at increased risk of all sorts of negative life experiences including homelessness.

**The goal** of the Child and Family Services Runaway and Homeless Youth Continuum is to intercede so that we can help youth and young adults who are experiencing homelessness to build some of those protective factors and developmental assets in young adulthood making up for lost time and changing the trajectory of the future.



### RUNAWAY AND HOMELESS YOUTH CONTINUUM

The Child and Family Services continuum of Runaway and Homeless Youth Services includes the Street Outreach Program, The Youth Resource Center, The Runaway and Homeless Youth Program, and The Transitional Living Program. These programs provide services to homeless youth and young adults ages 12-23 how are runaway, homeless, or at risk of either. These services are voluntary and focused on Positive Youth Development.



### **ADOPTION**

Child and Family Services offers a full range of adoption services. We have all come to learn through experience that the safest and most successful adoptions occur when both the legal and emotional needs of the birthparents and adoptive parents have been met.



### EARLY CHILDHOOD SERVICES

Child and Family Services offers two distinctive programs that focus on Early Childhood development. The Healthy Families program is designed to offer support to low income pregnant women pre and post birth. The Early Supports & Services program provides family-centered supports, services and therapies to infants and toddlers (birth to three) who have developmental disabilities, developmental delays or are at risk of developmental delays.



### **FOSTER CARE**

Each child/adolescent needs a special person/family who can provide, kindness, patience and understanding...to provide a safe, stable, loving, and positive place to call home. In fact, it's one of the most important things a child needs along with someone to be there for them. Might you consider fostering a child?



### **COUNSELING**

Child and Family Services provides therapeutic counseling for children, youth and adults, couples and families. Help with child behaviours, problems in school, divorce, step-family adjustment, family violence, relationship conflicts, emotional complaints, stress, self-defeating behaviours, addictive behaviours, loss and trauma, anxiety, phobias, compulsions. Offers a full program of family life education groups.



Child and Family Services' school based programs are dedicated to ensuring positive academic and social outcomes. They focus on substance abuse prevention, violence prevention, successful home and school partnerships, life skills training, positive peer leadership and goal development. School based services provide individual, family and/or group counseling and case management services.

### FAMILY/PARENT SUPPORT

The Family/Parent Support and Preservation programs offered by Child and Family Services of NH are designed to provide a wide array of support services to families throughout NH and portions of VT. These programs offer emotional support and practical solutions in managing family life, work with families who struggle with employment barriers and offer assistance to those who need in home assistance with parenting and household management.

### PARENT SUPPORT AND EDUCATION

Child and Family Services of NH presents several parent education and support series throughout our communities. Some series focus on parenting a pre-teen, others focus on parenting your grandchildren, while others focus on the unique parenting challenges of non-traditional families.

### **FIGURE 1 ELDER/INDEPENDENT LIVING**

Our goal is to help seniors and individuals with disabilities to live at home with dignity for as long as it is safe and they choose to do so. Services include: Cleaning, cooking, shopping, bathing, companionship, medication reminders, assistance with exercise, and ambulation.

### SUMMER CAMP

Camp Spaulding serves over 300 campers in four camp sessions throughout the summer. A comprehensive counselor-in-training program, with emphasis on leadership training and teamwork, is offered for older campers. Enrollment is limited to a first come first served basis.

## Teen Task Force

The New Hampshire Homeless Teen Task Force (NHHTTF) was formed in 2009 as an outgrowth of a legislative committee mandated to study the needs of unaccompanied homeless youth living in NH – youth who live outside the care of a guardian and often couch surf, double up at friends' homes, stay in unstable/unsafe living situations or live on the street. Members of this multidisciplinary statewide group consist of representatives from education, housing and other social service agencies, law enforcement, BHHS, DCYF, legislators and community volunteers.

The meeting of NHHTTF focused on "The Past, The Present, and Looking to the Future". It was gratifying to review the many accomplishments during these past eight years including improved data collection under the leadership of the Department of Education and the Homeless Education Liaisons of each school district as well as the numerous community trainings sponsored through the DOE McKinney /Vento grants. Information was also shared about the Balance of State COC newly formed Youth Subcommittee in response to the HUD priority of ending youth homelessness by 2020 and the upcoming highly competitive grant opportunity through HUD for a Youth Demonstration Project.

Discussion of the final agenda item, "Looking Forward to the Future", led the attendees to the understanding and agreement that a collaborative effort and joining of the NH Homeless Teen Task Force with the Youth Subcommittee would strengthen New Hampshire's response to the HUD priority of ending youth homelessness by 2020. The knowledge, experience and prior accomplishments of the Homeless Teen Task Force in partnership with the Youth Subcommittee and its corresponding support of the BHHS Balance of State COC would best position our state in the highly competitive application process for HUD funding for the Youth Demonstration Project. Therefore, it was agreed that this meeting would be the final meeting of the NH Homeless Teen Task Force as a separate entity. We celebrate and honor the bonds formed, the dedication of the membership and the accomplishments of the Homeless Teen Task Force and look forward to new opportunities in the future as part of the Balance of State COC Youth Subcommittee.

# STATEWIDE COORDINATED ENTRY SYSTEM (CES)

WITH A FOCUS ON

PREVENTION AND DIVERSION

A BUILT FOR ZERO INITIATIVE

IN COLLABORATION WITH

**COMMUNITY SOLUTIONS** 

# New Hampshire's Statewide Coordinated Entry System

As of the Fall of 2017, the State of NH will be implementing a statewide coordinated entry system to better serve the most vulnerable neighbors of NH. All 3 CoCs' are working together, to ensure an efficient, and effective system is in place to maximize NH's resources. The Coordinated Entry System is ever-evolving based on need, resources, providers and customers.

## WHY

- We can have a Coordinated Entry System that connects the right person(s) to the right resource(s) at the right time as frequently as resources occur, housing people in order of community- determined prioritization populations, without driving down our counts
- "Ending Homelessness" means not only ensuring that our community's most vulnerable neighbors, living and sleeping outside and in shelter, enter permanent housing, but we demonstrate system-wide reductions in people experiencing homelessness itself
- This process was born out of a community acknowledgement that our maze-like system was too cumbersome for our most vulnerable neighbors to successfully navigate. Thus, CES stitches existing programs together across the state of NH into a no-wrong door system, connecting homeless client(s) to the best resource based on their needs.
- CPD-17-0, issued 1/23/17, Notice Establishing Additional Requirements for a Continuum of Care Central or Coordinated Assessment System
- Each CoC MUST establish or update its coordinated entry process in accordance with the requirements of 24 CFR 578.7(a)(8) and the above notice by 1/23/18
- CoCs' should develop or select standardized tools to facilitate their standardized assessment process that gather only the information necessary to determine the severity of need and eligibility for housing and related services, and that can provide meaningful recommendations to persons being assessed.

## HUD 24 CFR 578.3: The definition

"...a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing services, is well advertised, and includes a comprehensive and standardized assessment tool....

Through the Built for Zero movement, in coordination with GNCOC and MCOC, we have begun to test and implement HUD's Coordinated Entry Requirements statewide.

- Build on current infrastructure utilizing 211
- Universal assessment tools used statewide
- Regional CE implementation based on what works best for that region or CoC

Get Connected, Get Answers,

An initiative of Granite United Way

Utilization of HMIS with an shared system among CE programs

## Coordinated Entry: Improvements

- 211, the current homeless hotline, has become the main entry point for any NH citizen(s) at risk or experiencing homelessness
- 211 will complete NH's Prevention and Diversion Tool (PDT), which is based off the National Alliance to End Homelessness's sample tool



powered by:









## Your link to resources.

Get help, give help. Discover options.



is the number to dial when you need help or don't know where to call.



information is much easier to find.



- a free and confidential call from anywhere in NH
- person-to-person assistance
- available 24/7 with translation assistance

## Just dial 匀

Toll free outside of New Hampshire: 1.866.444.4211

www.211nh.org



## What is 211 New Hampshire?

Imagine you are out of money, your rent is due, and you and your family risk becoming homeless if you can't find some help. Where do you turn? Or, your son is autistic and you want to know what services are available in your area. Or, your elderly mother is in the hospital after a fall, and you know she'll never be able to stay home alone again. Where can you quickly learn about your options?

In the past, New Hampshire citizens in need of information and essential services like these and a myriad of others faced a dilemma: They had to know where to call to learn where to call. Whether confronted with an everyday question or a full blown crisis, people were forced to sort through a bewildering array of nonprofit and government agency options and help-lines in their search for help. Overwhelmed, people often either went without the assistance they needed, or they called 9-1-1 and unnecessarily tied up that system's vital resources.

No longer. Thanks to a unique coalition of non-profits, state, corporate and volunteer partners, New Hampshire citizens now have one, easy to remember phone number to call to access all the health and human services available to them. As of June 11, 2008, callers anywhere in the state who dial 2-1-1 are connected, at no charge, to a trained information and referral specialist who can provide them with the information they need to get help.

- Time is saved for families and individuals through a one-stop call center.
- The need for public assistance is decreased because of timely connection with appropriate intervening services.
- Reduction in non-emergency calls to 9-1-1.
- Reduction in new 1-800 numbers funded government.
- Planning information for cities, counties, and nonprofits informed by data collection of call volume and types of services requested.
- A communication network for information in changes about government and local programs.
- Cost avoidance for businesses and state agencies of misdirected calls for services.

For everyday needs and difficult times,



The service that 2-1-1 provides is information and referrals. The 2-1-1 team can help connect you with:

- Clothing and thrift shops
- Community services & organizations
- Consumer services
- Crisis services
- Discrimination assistance
- Domestic & sexual violence services
- Education GED instruction, computer classes
- Employment services
- Food pantries & nutrition programs
- Health care services
- Housing homeless prevention, shelter, tenant's rights
- Legal assistance
- Mental health care & counseling
- Mentoring
- Military, family & community network
- Parenting programs
- Smoking cessation programs
- Substance abuse services
- Support groups
- Transportation
- Utility assistance
- Youth & family services
- Veterans services
- Volunteer opportunities
- Wellness programs AND MUCH MORE



Toll free outside of New Hampshire:

1.866.444.4211

Search for services at www.211nh.org



# DEDICATED STAFF AND AGENCIES

# Southwestern Community Services

### **Emergency Shelters**

 $430\ consumers\ consisting\ of\ 61\ children\ ,\ 369\ adults,\ of\ which\ 66\ were\ considered\ CH.$ 

### COC RRH

46 consumers consisting of 24 children , 22 adults, of which 3 were considered CH.

### **ESG RRH**

37 consumers consisting of 28 children, 29 adults, of which 1 was considered CH

Although many of the folks we served in our rapid re-housing programs were referrals from our emergency shelters, SCS has reached out to other agencies that help those in a housing crisis. This January we received the 2017 ABOVE & BEYOND COMMUNITY PARTNER AWARD from the Monadnock Center for Violence Prevention as we assisted five of their families in obtaining stable housing.

Over the last 12 months, SCS has continued to co-chair the Greater Keene Homeless Coalition. Our group has been reinvigorated with new partners and ideas. Two years ago the group under a different name had less than 6 people attending meetings. To give you an example of how much things have changed, our last meeting in October had 20 community partners, August was 13, and July was 21. As part of the groups new focus, we have implemented a Community Resource Night at the local Community Kitchen. This has allowed us to come to those who need our help rather than asking them to come to us. Each resource night has been better than the last as consumers can talk about mental and physical health care and housing option in a setting that is more familiar and safe to them. We are also working diligently on a volunteer program that would set up folks facing a housing crisis with individuals that can help them complete and submit housing applications to local housing providers and other organizations/agencies that provide benefits.

Coordinated Entry System (CES) Success Story

From Alix Campbell, CE worker at Strafford CAP

In the past program year I was able to place 3 chronically homeless individuals, Mike, Daryl, and Joanne, into permanent supportive housing. All 3 had been living outside - even through the winter and were unable to secure housing themselves due to either mental health or substance abuse issues. I was able to connect them all with the case manager for the PSH program at Crossroads House shelter. I worked closely with this case manager to continue providing support to the client throughout the process and all 3 have maintained their housing to this day. I was also able to help secure housing for another chronically homeless individual named Jim, through the local housing authority. He was living deep in the woods in a makeshift shelter and refused to use a phone for communication. I would go out and track him down anytime the housing authority needed to communicate with him until finally he was able to move in.



## Homeless Outreach | Tyler Blain House

Serving the Counties of Coos, Carroll & Grafton

603-752-7001

30 Exchange Street | Berlin, NH 03570



## The Tyler Blain House Homeless Shelter "A Home Between Homes..."

The Tyler Blain House, located in Lancaster, New Hampshire, is a 4-bedroom Victorian home. It is ADA compliant and has the ability to house up to 8 individuals at a time. Shelter guests have independent access to a large eat-in kitchen, a community food pantry, laundry facilities and a common area. Food and material goods assistance are provided as needed. On-site staff provides individualized case management services to all shelter guests, including help with transportation. Staff also assists shelter guests in developing plans to meet their goals of being self-sufficient and securing permanent housing. All are welcome at Tyler Blain, except individuals who are a safety threat to themselves or others, and unaccompanied minors.

## **Our Goal**

Our goal is to alleviate immediate housing emergencies and to assist shelter residents with achieving independence that leads to permanent housing and ends the cycle of homelessness.

When the tragedy of homelessness occurs, people often feel disconnected from their community. At Tyler Blain, we believe that a successful approach to shelter happens in the context of a supportive community—one that focuses on including the person in a meaningful experience. For this reason, when people stay at Tyler Blain House, they are engaged in a total community living arrangement. We believe everyone heals at a different pace, and for this reason, there is not a limit on the length of time an individual may stay. We ask only that residents be pro-active in their plan for independence.



Congratulations to the McKenna
House for increasing their
Emergency Shelter Bed Count
in the fall of 2016, to 42!



Kudo's to the Carey House for creating an entire Family Room for 3 persons just in time for Christmas 2016!!

# Salvation Army - McKenna House - Concord

## Grace

Grace (not her real name) has been a volunteer at The Salvation Army McKenna House since February 2017. Grace is a former resident who entered our program in the spring of 2012 after completing treatment for substance use.

Grace reports that she grew up in a broken home, living with her mother, who was an active alcoholic and states she had her first drink at age 8. She reflected on her periods of homelessness as a child, and remembers her mother dumpster diving to retrieve food and clothing. By her own account, she says her legal issues started at age 9 when she first shoplifted under the direction of her babysitter. Her alcohol and drug use became frequent by age 12, and she was a daily user by age 15.

Grace was sentenced at age 18 for theft charges, which she had incurred to support her crack cocaine habit. During her incarceration, she was bunked with a woman who was bulimic, and Grace says she learned at that time it was a way for her to lose the excess weight she had gained from the starchy foods and lack of exercise. Thus began her eating disorder at the age of 18.

For the next five years, Grace was in and out of hospitals, psychiatric facilities, and rehabs for her addiction. She ended back in the court room due to charges that had her facing prison time. She was ordered into substance use treatment with the stipulation that she complete the 28 day program or serve her time. It took four different treatment events before Grace successfully completed. Since that time, Grace completed the program at The Salvation Army McKenna House, transitioned to The Friends program after becoming pregnant, from there moved into Families in Transition, fully participated in case management in that program which allowed her a Section 8 voucher. Grace is now lives with her young child in her own apartment. She attends college part-time and recently gained full-time employment at non-profit homeless organization. Grace attends AA and OA regularly, has a sponsor, and is working the 12 steps. Having 5 years and 8 months sobriety/clean time, Grace reflects on her journey,

## Eugene

Eugene was 32 when he came to The Salvation Army McKenna House in January of 2017.

"I have been sober for eleven months, the longest I have been clean."
"This place saved my life. I got everything I needed from the house, support and guidance to get on the right path."

The Salvation Army McKenna House opened in 1982. The facility is a 42 bed homeless shelter for single men and women. Residents are provided with a warm bed, three meals a day, toiletries, laundry services, clothing and case management. Also the staff provides referrals to agencies that address specific individual needs.

Eugene grew up in Massachusetts and had a rough start in his early life. He recalls, "I was a good kid, never got into trouble or drugs." His father was an alcoholic and mother a drug user. He eventually ended up in foster care in his early teens where he was physically and mentally abused. In later years he was diagnosed with Post-Traumatic Stress Disorder and depression. His medication for PTSD seemed to not be relieving his anxiety so he decided to smoke pot and drink alcohol to cope.

In 2005 Eugene entered the Hospitality and Culinary Arts program at SNHU in Manchester, New Hampshire. At the time he was not drinking and completed the program, receiving his associate degree in Culinary Arts. Over the years Eugene worked as a chef at various restaurants.

While working as a chef at a New Hampshire restaurant he injured his foot. Eugene had to take time off from work in order for his injury to heal. During his recovery he started to drink again. He recalls, "I drank myself into a black hole, I even tried to kill myself." Eugene spent time in shelters and rehabilitation programs that specialized in addiction and behavioral health for most of his early life.

Eugene states he feels safe and has connected well with staff at the McKenna House. He volunteers by organizing and sorting the 6 pallets of food donated by the Sam's Club Fresh Rescue program. The produce, meat, and bakery items are utilized at The Salvation Army McKenna House, The Salvation Army Corps Food Pantry and distributed to other area food pantries. Eugene prepares and cooks three meals a week at the shelter. In addition, Eugene works full



The Center for Life Management Housing Director was notified in October of 2016 of a woman who was homeless and was living in her car with her three year old son and newborn child. It was explained that the woman had grown up in Iraq and had witnessed significant events of violence and chaos that had been extremely traumatizing for her. Some of her family members had been abducted, beaten, tortured, and jailed. She witnessed a man being violently killed in the streets when she was 14. During her teenage years, her family fled Iraq to Syria to escape the violence, only to see the beginnings of the Syrian war. The woman eventually got married and she and her husband were finally granted asylum in the United States. In October of 2016, her husband left the United States unexpectedly to return to his home country to assist family members who were still there. Unable to afford the rent she left the apartment she was in prior to facing an eviction. She spoke no English and did not understand English as she had only been in the United States a short time. Her sister's husband had assisted her in accessing the Center for Life Management where she had begun working with a trauma therapist to address significant symptoms of Post-Traumatic Stress Disorder.

Following consultation with CLM's Housing Director the Bureau of Homeless and Housing was called to explain that there was no way the woman could be sent to a shelter, and that relocating her out of the area would further traumatize her if she had to start over again somewhere else. It was agreed that she would be added to Center for Life Management's Family Housing program. A local landlord with an open apartment was called, and the Housing Director advocated with the landlord to allow her to occupy the unit. A meeting was held with the landlord, her therapist, her Case Manager, the Housing Director and a translator. Contracts and leases were signed and she was housed within the same day. At this time she has made significant progress in her treatment and ability to speak and understand English. She reports regularly how thankful she is to have a safe place to live and for having the opportunity to have access to care. Her four year old son has started school, made new friends, and tells CLM staff that his mother is doing much better. He is very excited to show anyone who comes to the home the Christmas lights he has strung on the front porch.



Through contacts at the TANF office in Concord Center for Life Management PATH staff were made aware of a Chronically Homeless Woman with an infant who had experienced Domestic Violence and was staying at a DV shelter in Berlin, NH. Contact was made by CLM PATH staff with the woman who stated she needed Mental Health services for herself due to Post Traumatic Stress Disorder and treatment for her son who had been diagnosed with Autism. Arrangements were made to have her transported to CLM where she was provided with a housing voucher and she was assisted with meeting a landlord who had a business relationship with the CLM Housing Director. Within a week contracts and leases were signed and she was housed. Within a week she and her son had an intake with CLM and services began to assist her with settling in and adapting to her new environment and assisting with helping her to make appointments for her son with local medical providers. In this case a Housing First approach proved to be extremely successful. She remains in treatment at CLM at this time.

# NH Coalition Against Domestic & Sexual Violence

SEXUAL ASSAULT HOTLINE: 1-800-277-5570 | DOMESTIC ABUSE HOTLINE: 1-866-644-3574

## Our Mission:



The New Hampshire Coalition Against Domestic and Sexual Violence creates safe and just communities through advocacy, prevention, and empowerment of anyone affected by sexual violence, domestic violence, and stalking.



## public policy

 Collaborate with other advocacy groups and legislators to draft legislation and advocate for policy changes to advance victims' rights and protections at both the state and federal levels. What Do We Do?





## prevention education

- Work with youth and communities to prevent violence before it happens
- Design and implement innovative statewide educational campaigns
- Identify best practices and share with local crisis center educators

## services for survivors

- Train Sexual Assault Nurse Examiners (SANE) to provide comprehensive forensic medical care in NH hospitals
- Coordinate the AmeriCorps Victim
   Assistance Program (AVAP)



## technical assistance

- Coordinate the Family Violence Prevention Specialist (FVPS) Program in collaboration with DCYF to support families in NH
- Provide training and technical assistance to NH's 13 crisis centers to ensure quality care for survivors



## outreach & awareness

- Foster relationships with local, statewide, and national media to inform public opinion
- Work closely with community partners to raise awareness about domestic violence, sexual assault, and stalking
- Conduct public awareness campaigns



## WWW.NHCADSV.ORG



Interpersonal Violence Statistics:
Individuals Served by NH Crisis Centers in 2016

14,805

Individua NH Crisis

Individuals Served by NH Crisis Centers

## **Sexual Violence**

2,380 adult victims served



- 377 male victims
- = 1,780 female victims

94 victims of sexual harassment

- 12 male victims
- a 82 female victims



- 30 male victims
- 99 female victims

## Domestic Violence

9,055 adult victims served

8,475 female victims

580 male victims

# Stalking victims served 541 female victims

128 male victims

## **CHILD VICTIMS**



victims of child sexual abuse

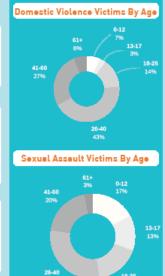
546 female victims

208 male victims

children exposed to domestic violence

125 female victims
118 male victims

## AGE OF VICTIMS



individuals took refuge in NH's emergency shelters

## **EMERGENCY SHELTER**



adult women were housed in NH's emergency shelters for a total of 20,424 nights collectively

adult man was housed in NH's emergency shelters for a total of 131 nights collectively

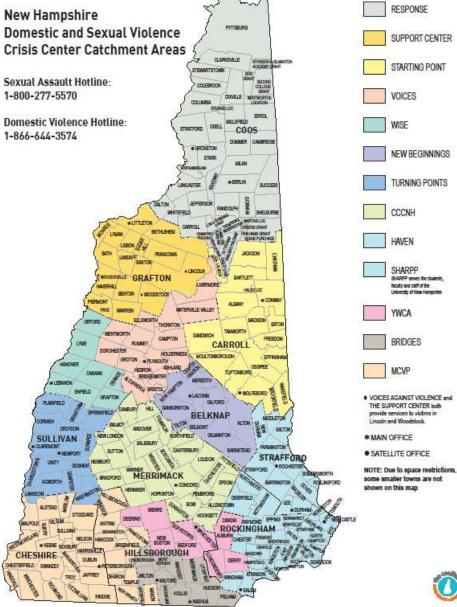
children were housed in NH's emergency shelters for a total of 19,773 nights collectively

New Hampshire Coalition Against Domestic and Sexual Violence www.nhcadsv.org



## WWW.NHCADSV.ORG







## WWW.NHCADSV.ORG



### DOMESTIC VIOLENCE, SEXUAL ASSAULT & STALKING SUPPORT SERVICES IN NEW HAMPSHIRE

NH Statewide Sexual Assault Hotline: 1-800-277-5570 NH Statewide Domestic Violence Hotline: 1-866-644-3574

NH Coalition Against Domestic and Sexual Violence

PO Box 353, Concord, NH 03302-0353 - Office Phone: 603-224-8893 - Web Site: www.nhcedev.oru

The NH Coalition is comprised of 13 member programs throughout the state that provide services to survivors of sexual assault, domestic violence, stalking and sexual harassment. You do not need to be in crisis to call. Services are free. confidential, and available to everyone regardless of gender, age, health status (including HIV-positive), physical, mental or emotional ability, sexual orientation, gender identity/expression, socio-economic status, race, national origin, immigration status or religious or political affiliation. The services include:

- · Support and information, available in person and through a 24-hour hotline
- · Accompaniment, support, and advocacy at local hospitals, courts, and police departments
- Access to emergency shelter

- Peer Support Groups
- Assistance with protective/restraining orders and referrals to legal services
- · Information and referrals to community programs
- . Community and professional outreach and education

#### RESPONSE to Sexual & Domestic Violence

54 Willow Street Bertin, NH 03570 1-866-662-4220 (crisis line) 603-752-5679 (Berlin office) 603-636-1747 [Groveton office] www.coosfamilyhealth.org/response

#### Turning Points Network

11 School Street Claremont, NH 03743 1-800-639-3130 (crisis line) 603-543-0155 (Claremont office) 603-863-4053 [Newport office] www.turningpointsnetwork.org

#### Crisis Center of Central New Hampshire (CCCNH)

PO Box 1344 Concord NH 03302-1344 1-866-841-6229 (crisis line) 603-225-7376 (office) www.cccnh.org

#### Starting Point: Services for Victims of Domestic & Sexual Violence

PO Box 1972 Conway, NH 03818 1-800-336-3795 (crisis line) 603-447-2494 (Conway office) 603-452-8014 (Wolfeboro office) www.startingpointnh.org

#### Sexual Harassment & Rape Prevention Program [SHARPP]

2 Pettee Brook Wolff House Durham, NH 03824 1-888-271-SAFE (7233) [crisis line] 603-862-3494 [office] www.unh.edu/sharpp

#### Monadnock Center for Violence Prevention

12 Court Street Keene, NH 03431-3402 1-888-511-6287 (crisis line) 603-352-3782 (crisis line) 603-352-3782 [Keene office] 603-209-4015 [Peterborough] www.mcvprevention.org

## New Beginnings - Without Violence and

PO Box 622 Laconia, NH 03247 1-866-841-6247 (crisis line) 603-528-6511 loffice www.newbeginningsnh.org

38 Bank Street Lebanon, NH 03766 1-866-348-WISE [9473] [crisis line] 603-448-5525 (local crisis line) 603-448-5922 [office] www.wiseuv.org

#### The Support Center at Burch House

PO Box 965 Littleton NH 03561 1-800-774-0544 (crisis line) 603-444-0624 [Littleton office] www.tccap.org/support\_center.htm

#### YWCA Crisis Service

72 Concord Street Manchester, NH 03101 603-668-2299 (crisis line) 603-625-5785 [Manchester office www.wwcanh.org

## Bridges: Domestic & Sexual Violence

PO Box 217 Nashua, NH 03061-0217 603-883-3044 (crisis line) 603-889-0858 [Nashua office] 603-672-9833 [Milford office] www.bridgesnh.org

#### Voices Against Violence

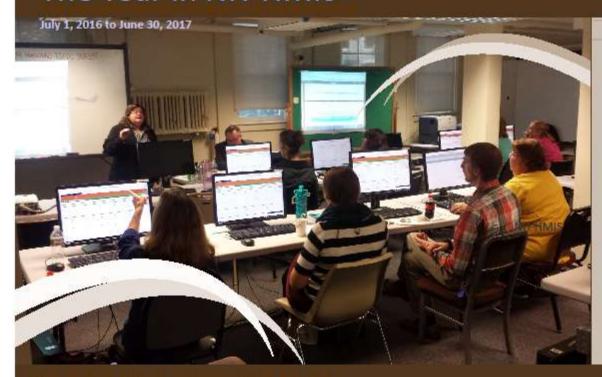
PO Box 53 Ptymouth, NH 03264 1-877-221-6176 [crisis line] 603-536-1659 (tocal crisis line) 603-536-5999 [public office] 603-536-3423 [shelter office] www.voicesagainstviolence.net

20 International Drive, Suite 300 Portsmouth, NH 03801 603-994-SAFE [7233] [crisis line] 603-436-4107 [Portsmouth office] Offices in Portsmouth, Rochester and www.havennh.org





## The Year in NH-HMIS



## **NH-HMIS**

Harbor Homes, Inc. 77 Northeastern Boulevard Nashua, NH 03062

For general inquiries please contact us: info@nh-hmis.org

or call Donna Curley at (603) 882-3616 x1243

For support related topics please open a support ticket: tickets@nh-hmis.org

If you have problems accessing the tool, please contact HMIS Help Desk: <u>htmshelodesk@nh-hmis.org</u>

In the following few pages, we will touch briefly on the accomplishments of NH-HMIS in the fiscal year 2016/17. During this time, NH-HMIS fielded major updates to software, documentation and policies. HUD made several new reports required, and NH-HMIS stepped up to implement the new rules and practices associated with these reports.

This annual review is in the format of the NH-HMIS community newsletter, HMIS Happenings, which is created and distributed four times a year. HMIS Happenings keeps users and administrators informed of upcoming deadlines, policy changes, and events. It also functions as an important part of ongoing user training.

All photos were taken during annual training week, held in Concord, Manchester, and Nashua each year during the month of October. Selected questions and answers from that that week are available on page 2. 7/1: The new methodology for Projects for Assistance in 7/1: The Advisory Council updates the Policies and Pro-Transition from Homelessness (PATH) project starts on cedures, as well as Governance rules for New Hamp-July 1, 2016. NH-HMIS holds training in Concord, NH, shire HMIS. prior to and in support of this rollout.

8/1: HUD releases the newly-revised HMIS Data Standards Data Manual-Version 5.1, and HMIS Data Standards Data Dictionary-Version 5.1.

8/1: System Performance Measures (SPM) reports due. August 1, 2016 marks the first time in which HUD requires reporting on SPM. Each CoC is required to submit performance data for all applicable projects participating in HMIS. Data requirements are not limited to HUD-funded homeless assistance projects. HUD will use this data as part of the selection criteria to award projects under future Notices of Funding Availability (NOFAs). They will also evaluate how CoCs are improving their performance from year to year and take into account their unique circumstances and conditions.

9/1: Software vendors Bowman Systems (Mediware) revise ServicePoint to be in compliance with newest HMIS Data Dictionary.

9/1: NH-HMIS staff work on software issues related to these revisions.

9/1: HMIS Tech Writer revises end-user documentation and data-collection forms for all NH-HMIS projects universal data such as entries, updates, interims, and exits, as well as living situation, workflows, and all project-specific forms — to reflect these changes.

Dictionary go into effect.

10/1: Revised ServicePoint software goes live.

10/1: New NH-HMIS end-user documentation goes live.

10/1: CoC's begin submitting data for the 2016 Annual Homeless Assessment Report (AHAR) to Congress through the Homelessness Data Exchange (HDX).

10/1: New HUD Data Standards Manual and HUD Data 10/31: Veterans' and All Persons' AHAR draft data is due to data liaison for review. All AHAR reporting shells change from "In Progress" to "In Review."

> 10/3 - 10/7: NH-HMIS staff provide recertification training for all HMIS projects in the state. This yearly training is mandatory for all end users and agency administrators in New Hampshire. This year's focus is on the large number of changes to HMIS software, documentation and procedures due to changes in the Data Standards Manual.



"What if the client says his race is Hispanic, and refuses to self-identify beyond that?" HUD considers only "Black," "White," "Asian," etc. to be races, while "Hispanic," and "Non-Hispanic" are ethnicities. Everyone has both a race and an ethnicity. HUD allows the selection of up to five races, so please encourage clients to create the blend of racial identities that feels most comfortable.

"What if client has an old record in HMIS from years ago, that pops up instead of the current Project Start?" If a user finds a client record in the database that they know is not the client's current record, it means the client has duplicate records. In this case the user should open a support ticket asking that NH-HMIS merge the client records.

"What is the different between 'Entry Date' and 'Project Start Date'?" While the terms are interchangeable in meaning, HUD has moved from using Entry Date' to using Project Start Date'.

"My client was assigned a PH unit on 1 December, but can't move in until 15 December because he has to rent a truck. What is his Residential Movein Date?" The COC HMIS Program Manual on p. 12 reads: Housing move-in must be completed for all clients who have moved into housing. Move-in means a lease arrangement has been made, the client has a key or entry ability to the unit and that the client has physically slept in the unit."

"Are incidents shared outside the specific project in which they happened?" Yes, but only emergency shelters share this information, and they only share it with other emergency shelters.

2

n/1: The Annual Homeless Assessment Report (AHAR) Test. Those who do not pass with a grade of 80% or is presented to Congress. The AHAR combines data greater are required to retake the test. from the PIT as well as the Housing Inventory Count (HIC). HIC data is the unduplicated record of people in emergency shelter, transitional housing, or Safe Havens from October 1 to September 30 of the following year.

11/1-11/30: All Users and administrators in HMIS projects are expected to take the annual HMIS Certification

## Our Advisory Council Mission

The NH-HMIS Advisory Council advises and supports NH-HMIS operations in the following areas:

- Resource development
- Consumer involvement
- · Quality assurance/ accountability

The Council will support the overall initiative, in particular advising the management on HMIS operations. The HMIS Advisory Council shall meet at least quarterly, at which time HMIS decisions can be raised for discussion and/or approval. The HMIS advisory Council shall designate a committee or task group to develop and help enforce the implementation of HMIS policies. More information about the Advisory Council can be found on the New Hampshire HMIS website: http://nh-hmis.org/ content/hmis-advisory-council

12/8: Final AHAR data is due for Veterans and All Persons. At midnight, all data is considered final; all data categories are marked "complete."

12:12: Confirmation of final AHAR data for Veterans and All Persons is due. CoC primaries go to HDX and confirm; otherwise, data is auto-confirmed at 11:50 PST.

Note: All three NH CoCs - Manchester, Nashua, and Balance of State - contribute such polished data to the 2016 AHAR that everyone's table shells are submitted

and marked useable. Due to the quality of the data provided, NH-HMIS is able to submit the 2016 report ahead of deadline on Friday, 12/9.

12/21: All users and administrators in HMIS projects who did not take the 1-hour annual recertification test, as well as those who received a grade of less than 80%, will lose their access to ServicePoint on this date.

1/16-1/20: NH-HMIS moves from 45 High Street in Nashua to 77 Northeastern Boulevard, as part of a larger move by Harbor Homes, Inc. NH-HMIS is one of the first departments to set up shop in the new building.

1/25: The last Wednesday in January of every year brings the Point-in-Time (PIT) count. During the PIT, volunteers attempt to count each person who is homeless on that night.

Changes for 2017's count include:

•HUD expands gender identity options to include "doesn't identify as male, female, or transgender."

 HUD now requires CoCs to report persons experiencing chronic homelessness by household type

 HUD no longer requires CoCs to report person who are experiencing chronic homelessness under the subpopulations section of HDX.

 If one member of a household qualifies as chronically homeless, then all persons in the household are to be considered chronically homeless as well.



## 2/1-2/28: HMIS staff performs annual maintenance on the system, in order to clean up issues from 2016 and

Maintenance includes:

Working on reporting and updating grant start/end

prepare for upcoming reporting windows in 2017.

dates in the system.

- Working on end-user training for replacement users and new hires in projects throughout the state.
- . Working on HMIS ticket system to close out existing open-end user issues.

## Our Advisory

## Council Members

#### Manchester

Cathy Kuhn

Barbara Dunn

Balance of State: Craig Henderson

Barry Quimby Lori Hathaway

Susan Ford

Greater Nashua

Miles Pendry AK Gadgil

HMIS Lead

Donna Curley

Tony Nappo

BHHS

Heidi Petzold

Roger Pitzer

3/1: HDX opens for PIT and HIC data. It will close for this require manual data entry. Data quality percentages are data May 1.

3/15: Data Quality Framework, a new report required by 3/31: APRs are no longer submitted in e-snaps. See details HUD for all CoCs, becomes available in mid-March. To under April, below. support this, a new Data Quality tab is added to the SPM module in HDX. Some results from the new framework

submitted at the same time as the SPM via the HDX.

4/1: HUD begins requiring CoC program grant recipients to submit their APR data through a new online database - the Sage HMIS Reporting Repository. This program change applies to all CoC homeless assistance grants, such as Supportive Housing Program, Shelter Plus Care, Section 8 Moderate Rehabilitation Single Room Occupancy Program, and CoC programs administered by the office of Special Needs Assistance Programs (SNAPS), regardless of when they were initially funded.

APR is updated to:

Allow CSV imports of aggregate data about persons served.

- ·Integrate project-level performance data into the body of the report.
- Update the Data Quality components to be consistent with the new HUD-approved Data Quality framework.
- ·Provide programming specifications for population-specific questions.
- APR moves from ART to a canned report in ServicePoint.
- 4/1: NH-HMIS provides a new helper guide to assist projects through these Data Quality changes.
- 4/3: HDX opens for SPM data submission.



5/1: HDX closes to PIT and HIC data.

5/31: HDX closes to SPM data submission.

# The PIT

PIT (Point-in-Time) Count

A count of all people experiencing homelessness on a single night.

2017 PIT - January 25, 2017

## WHAT?

A count of all people experiencing homelessness on a single night

## WHEN?

**2017 PIT – January 25, 2017** 

## WHY?

- Helps to understand the scope of homelessness and identify trends
  - ✓ Target resources, improve services and identify gaps to justify services and programs
  - ✓ Data helps tell our story and make the case for more resources
  - ✓ Helps raise community awareness and political awareness
- Critical source of national data on the number and characteristics of people who are homeless in the U.S.
  - <u>HUD requires Continuums of Care (CoCs) to count the number of people experiencing homelessness in the geographic area that they serve through the Point-in-Time count (PIT) each year.</u>
  - Provided to Congress as part of the Annual Homeless Assessment Report
  - Main Source of data for Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness

## WHO SHOULD BE COUNTED?

- 1-Sheltered Count: "living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals)"
- **2-Unsheltered Count:** "with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground"

## WHO SHOULD NOT BE COUNTED?

- Persons temporarily staying with family or friends (i.e., "doubled-up" or "couch surfing").
- Persons residing in housing they rent or own (i.e., permanent housing), including persons residing in rental housing with assistance from a RRH (Rapid Re-Housing) project on the night of the count.
- Persons residing in institutions (e.g., jails, juvenile correction facilities, foster care, hospital beds, detox centers).

## WHERE?

## COVERING THE ENTIRE STATE OF NEW HAMPSHIRE

# The HIC

HIC - Housing Inventory Count

A count of available housingnew, existing, and in progress.

# Beds and units in the HIC must be dedicated to serving homeless persons, or for permanent housing projects, dedicated for persons who were homeless at entry.

For the purposes of the HIC, a project with dedicated beds/units is one where:

- A. The primary intent of the project is to serve previously homeless persons;
- B. The project verifies homeless status as part of its eligibility determination; and
- C. The actual project clients are predominantly homeless (or, for permanent housing, were homeless at entry).

The Project Types included in the HIC, HMIS Data Standards are:

- A. Emergency Shelter (ES)
- B. Transitional Housing (TH)
- C. Safe Haven (SH)
- D. Permanent Housing (PH)
  - 1) Permanent Supportive Housing (PSH)
  - 2) Rapid Re-housing (RRH)
  - 3) Other PH (OPH) combines two project types from the 2017 HMIS Data Standards:
    - a) PH Housing with Services (no disability required for entry); and
    - b) PH Housing Only

For the purpose of the HIC, permanent housing inventory is divided into three groups: permanent supportive housing (PSH), rapid re-housing (RRH), and other permanent housing (DPH).



# HOPWA

Housing Opportunities for Persons With AIDS

## 2015-2016 HOPWA in Nashua, NH

There are two separate HOPWA grants serving clients of the Southern NH HIV/AIDS Task Force

- **STRMU** (Short Term Rental, Mortgage, Utility Assistance) provides short term emergency assistance and ongoing supportive services
- TBRA (Tenant Based Rental Assistance) provides long term subsidies and ongoing supportive services
- (Supportive Services include Case Management, Legal & Interpreter Services)

## **HOPWA Manchester & Balance of State**

- State of NH, BHHS is the HOPWA grantee
- Merrimack Valley Assistance Program (MVAP) is the Project Sponsor for both grants
- HOPWA Programs began in May 2000
- Combines TBRA, STRMU, and Supportive Services, Permanent Housing Placement, and Housing Information Services

## STRMU Nashua October 1, 2014-September 30, 2015

HOPWA

Housing Opportunities for Persons With AIDS

- \$60,291 STRMU for 27 clients & 9 family members
- \$63,763 Supportive services for 40 clients including:
- \$54,439 case management
- \$660 substance abuse counseling
- \$400- in home non-medical care
- \$6,435 mental health counseling
- \$75-employment services
- \$1,754 transportation services
- \$2,426 security deposits
- \$45,770 Administration (includes new money to the Grantee for Resource Identification)

# **TBRA Nashua**May 1, 2015-April 30, 2016

- 52 HIV+ individuals and 47 family members (3 also HIV+) permanently housed with subsidy
- \$443,020- Leasing/Rent Payments
- \$13,758-Housing placement services
- \$109,626- Supportive Services
- \$93,282- Case Management
- \$3,890-mental health
- \$4.740-substance abuse services
- \$6,581-transportation
- \$56-employment services
- \$1,077- linguistic services
- \$45,211 Administration

# HOPWA Manchester (April 1 2016 - March 31 2017)

- Serving 141 individuals 69 individuals with HIV/AIDS and 64 family members (+8 HIV+) permanently housed with Housing Support
- TBRA 18 Households served, \$99,224 HOPWA funds expended
- STRMU 51 Households served,

\$57,503 HOPWA funds expended

- **Supportive Services** 125 Households served, \$48,092 HOPWA funds expended
- Stable Housing: 125 households had a housing plan
- Access to Support: 125 had consistent contact with case manager/ benefits counselor
- Access to Health Care: 125 households had contact with a PCP on a schedule consistent with their individual service plan.
- Access to Health Care: 120 accessed and maintained medical care
- **Sources of Income:** 123 successfully accessed or maintained qualification for sources of income

# MVAP Receives The President's Community Partner Award

# HOPWA Balance of State (March 1 2016-Feb 28 2017)

- Serving 164 individuals 88 individuals with HIV/AIDS and 67 family members (+9 HIV+) permanently housed with Housing Support
- TBRA 11 Households, \$66,084
- STRMU 75 Households, \$75,632
- Supportive Services 244 Households, \$79,621
- Stable Housing: 244 households had a housing plan
- Access to Support: 244 had consistent contact with case manager/ benefits counselor
- Access to Health Care: 244 households had contact with a PCP on a schedule consistent with their individual service plan.
- Access to Health Care: 244 accessed and maintained medical care
- Sources of Income: 244 successfully accessed or maintained qualification for sources of income

In late April of 2016, **Executive Director** Velma McClure, and Manager Lauren Rae Collins, both of the Manchester Office, received the Presidents' Community Partner **Award from MCPHS** University on behalf of the MVAP organization.



The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 created the Projects for Assistance in Transition from Homelessness (PATH) program. The PATH program is a federal formula grant distributed annually to all 50 states, the District of Columbia, Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, and the U.S. Virgin Islands. The PATH program supports the delivery of services and resources to individuals who have serious mental illnesses, may have a co-occurring substance use disorder, and are homeless or at imminent risk of homelessness.

As of 2016, a total of 489 providers focus on these vulnerable members of our society and provide services that may not be supported by mainstream mental health programs.

SAMHSA provides PATH grant funding to programs in all US states and territories. The purpose of PATH is to outreach, engage and deliver services to eligible persons who are homeless and have serious mental illnesses. New Hampshire has 7 programs, 6 of which are housed within community mental health centers, and one in a Community Action Program agency.

PATH outreach specialists focus on providing outreach and engagement services to eligible individuals in order to assist them obtain mental health treatment. This entails providing a wide range of services in order to build trust. A homeless person becomes enrolled in the PATH program when deemed eligible due to their homelessness and serious mental illness. An electronic record is then started in the Homeless Management Information System. Services are provided as a means to engage the person with the ultimate goals of them connecting them with mainstream community mental health treatment, income, nutrition and employment supports and finding housing. Services may include assistance with applying for benefits and housing assistance programs. Transportation can be provided to intake appointments. In addition, the PATH outreach specialists can assist service providers with locating and getting messages to their clients who are experiencing homelessness. The PATH outreach specialists also act as a liaison between homeless service providers and community mental health center staff.

The PATH outreach specialists find homeless individuals in different ways. The area homeless shelters and homeless service providers refer individuals who they think may need mental health services. The PATH outreach specialists meet with these individuals to screen for eligibility into PATH services. The meeting can take place at the referring agency, during office hours or at flexible times, or any other location that is convenient and comfortable for the homeless individual, including campsites. The PATH Outreach Specialist also takes part in joint street outreach efforts with other homeless services providers, law enforcement and medical providers. Outreach is provided in parks, various campsites scattered throughout the city or rural regions, or anywhere else persons experiencing homelessness may congregate.

A big Thank you! to Matt Bouchie of *The Mental Health Center of Greater Manchester & Julie Lane from the Bureau of Homeless and Housing,* for providing this overview of the PATH program!











Dare to Care: The Riverbend Challenge About **Programs** Choices

Support Our Work



## Our Mission: Caring for the mental health of our community



603-752-7001 3D Exchange Street | Berlin, MA 03570



MAIN STREET, ASENE, NH CLASS

ADULTS AND SENIORS CHILDREN FAMILIES ABOUT MFS FOR CLIENTS DONATING



Community Mental Health Services Inspiring Hope Since 1905







## Greater Nashua Mental Health Center

at Community Council

Strengthening Individuals, Families & Our Community Since 1920



By making a gift today, you will be helping us to continue

'providing hope and promoting recovery' to the children. adolescents, adults, and their families that we serve each year throughout Eastern Rockingham County.

Emergency Services are available 24 603.431.6703 Portsmouth Office

NEW HAMPSHIRE

1.544

Total number of persons contacted this reporting period (91+101) (QL1)

Number of persons contacted this 1,060 reporting period in a PATH Street Outreach project (091)

Number of persons contacted this 323 reporting period in a PATH Services Only project (Q101)

2,539

instances of contact, from first contact until the date of enrollment, for all active clients who became enrolled this reporting period [Q12]

1,127

Number with active, enrolled PATH status at any point during the reporting period (Q15)

Number of persons contacted this reporting ← 1,089 period who became

enrolled in PATH (Q14)

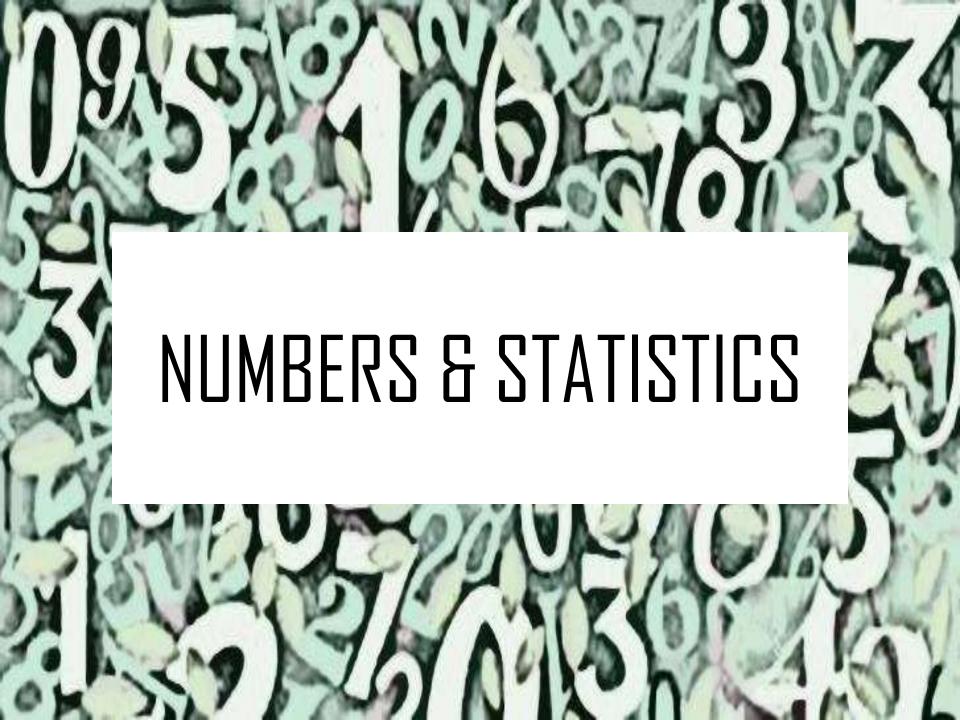
Persons who became 38 enrolled in PATH before the FY 1015 - 0141

1,455

Number of persons contacted by PATHfunded staff this reporting period [08] 246

Number of persons contacted this reporting period who could not be enrolled because of ineligibility for PATH [Q131

PERSONS SERVED



## **HDX** Reports

Throughout the year all CoC's submit various types of reports to HUD for transparency and analysis of the Homeless populations.

The following is a compilation of some or parts of those reports.

The is specific report is also used in completing HUD's Annual NOFA (Notice of Funding Available) application that all CoC's submit for provider funding.

## 2017 HDX Competition Report PIT Count Data for NH-500 - New Hampshire Balance of State CoC

670	76
431	500
0	
163	154
594	65
76	110
2016 PIT	2017 PIT
213	100
173	50
40	5
2016 PIT 85	2017 PIT
83	100
2	14
2011 2016	2017
ons	
	431 0 163 594 76 2016 PIT 213 173 40 85 2016 PIT 85

# HDX Reports cont.

## 2017 HDX Competition Report HIC Data for NH-500 - New Hampshire Balance of State CoC

#### **HMIS Bed Coverage Rate**

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	505	123	360	94.24%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	184	0	145	78.80%
Rapid Re-Housing (RRH) Beds	138	0	138	100.00%
Permanent Supportive Housing (PSH) Beds	497	0	315	63.38%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	1,324	123	968	79.77%

#### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	101	137

#### Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	14	34

#### Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	82	138

## 2017 HDX Competition Report

## FY2016 - Performance Measurement Module (Sys PM)

Summary Report for NH-500 - New Hampshire Balance of State CoC

#### Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless, during the report date range as well as a prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons) Previous Pr Current Pr		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current PY	Printing PY	Current FY	Difference	Previous FT	Current PY	Difference
1.1 Persons in f.5 and SH	2039	1793	73	.84	- 11	35	44	9
1.2 Persons in ES, SH, and TH	2297	2000	104	111	7	44	53	9

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Sheiter, or Safe Haven" (Data Standards element 3.17) response and prepends this areaser to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 107/1076 to 930/2076. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	The state of the s		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous PY	Current PY	Previous TY	Carrent PY	Difference	Previous ff	Current FY	Difference
1.1 Persons in ES and SH	20	1819	*	115	13	188	53	
1.2 Persons in ES, SH, and TH		2025		146			66	

# HDX Reports cont.

## 2017 HDX Competition Report

## FY2016 - Performance Measurement Module (Sys PM)

## Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
	Years Prior)	# of Returns	% of Returns	# of Returns	% of Returns	# of Relaters	% of Retares	# of Returns	% of Returns
Exit was from SO	499	117	23%	16	3%	13	3%	146	29%
Exit was from ES	787	151	19%	52	7%	43	5%	246	31%
Exit was from TH	104	5	5%	1	1%	3	3%	9	9%
Exit was from SH	0	0		0		0		0	
Exit was from PH	184	5	3%	3	2%	10	5%	18	10%
TOTAL Returns to Homelessness	1574	278	18%	72	5%	69	4%	419	27%

## FY2016 - Performance Measurement Module (Sys PM)

### Measure 3: Number of Homeless Persons

## Metric 3.1 - Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	718	670	-48
Emergency Shelter Total	489	431	-58
Safe Haven Total	0	0	0
Transitional Housing Total	153	163	10
Total Sheltered Count	642	594	-48
Unsheltered Count	76	76	0

## Metric 3.2 - Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	2330	2037	-293
Emergency Shelter Total	2056	1814	-242
Safe Haven Total	0	0	0
Transitional Housing Total	324	264	-60

# HDX Reports cont.

## 2017 HDX Competition Report

## FY2016 - Performance Measurement Module (Sys PM)

## Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 - Change in earned income for adult system stayers during the reporting period

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	155	166	- 11
Number of adults with increased earned income	10	13	3
Percentage of adults who increased earnest income	5%	8%	2%

Metric 4.2 - Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2015	Correct FY	Difference
Universe: Number of adults (system stayers)	155	166	11
Number of adults with increased non-employment cash income	76	43	-55
Percentage of adults who increased non-employment cash income	49%	36%	-23%

Metric 4.3 - Change in total income for adult system stayers during the reporting period

	Submitted FY 2015	Current FY	Difference
Uraverse: Number of adults (system stayers)	155	166	- 11
Number of adults with increased total income	. 79	53	-26
Percentage of adults who increased total income	51%	32%	-19%

Metric 4.4 - Change in earned income for adult system leavers

	Submitted FY 2015	Current FY	Ofference
Universe: Number of adults who exited (system leavers):	156	140	-13
Number of adults who exited with increased corned income	26	31	5
Percentage of adults who increased semied income	17%	32%	5%

Metric 4.5 - Change in non-employment cash income for adult system leavers.

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	156	143	-13
Number of adults who exited with increased non-employment cash norms	.47	27	-20
Percentage of adults who increased non-employment cash income:	30%	19%	-11%

## 2017 HDX Competition Report

## FY2016 - Performance Measurement Module (Sys PM)

Metric 4.6 - Change in total income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	156	143	-13
Number of adults who exited with increased total income	70	54	-16
Percentage of adults who increased total income	45%	38%	-7%

### Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Current PY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2016	1723	-293
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	414	367	-47
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1602	1356	-246

## Metric 5.2 - Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2420	2241	-179
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	451	454	-27
Of persons above, count those who did not have entries in ES, SH, TH or PH in the provious 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1939	1787	-152

# HDX Reports fin.

## 2017 HDX Competition Report

## FY2016 - Performance Measurement Module (Sys PM)

## Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 - Change in exits to permanent housing destinations

	Submitted FY 2015	Current FY	Difference
Universe: Persons who exit Street Outreach	1722	935	-787
Of persons above, those who exited to temporary & some institutional destinations	793	428	-365
Of the persons above, those who exited to permanent housing destinations	369	241	-128
% Successful exits	67%	72%	5%

#### Metric 7b.1 - Change in exits to permanent housing destinations

	Submitted FY 2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	2323	1936	-387
Of the persons above, those who exited to permanent housing destinations	1212	1038	+174
% Successful exits	52%	54%	2%

### Metric 7b.2 - Change in exit to or retention of permanent housing

	Submitted FY 2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	373	401	28
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	361	37B	17
% Successful exits/retention	97%	94%	-3%

## 2017 HDX Competition Report FY2016 - SysPM Data Quality

	All ES, SH				AR TH			All PSH, OPH			All RRH				All Street Outreach					
	3003	2013- 2014	3314 3315	30(5) 20(4)	303	2013- 2014	2014 2013	2015 2016	3003 2013	1913 3034	3554- 3565	2015- 2016	3013 3013	3003÷ 2014	3114 3115	2025 2016	2913- 2913	2013 2004	2004 2015	1915 3636
L. Number of rem- DV Bods on HSC	318	254	350	411	264	240	204	239	374	398	432	420	31	115	46	82				
Z. Number of HPIZS Book	318	338	330	371	305	221	157	219	273	397	290	258	31	115	*	54				
5. HMES Participation Ratio from HEC ( % )	100.00	92.09	94.20	10.27	17.45	66.76	76.86	48.76	72.99	74.62	68.52	61.67	100.00	100.00	110.00	65.08				
4. Unduplicated Persons Served (HMS)	1857	2020	2015	1768	476	455	441	413	344	366	300	384	53	105	701	694	22	40	466	272
S. Total Leavers (HMS)	1528	1738	1726	1496	315	194	187	189	69	88	100	68	٠	161	SRE	907	32	36	413	212
6. Destination of Don't Know, Refused, or Mesong (MMES)	387	338	340	156	5	ш	13	6	3	3		3	0	1	100	15	,	13	311	306
7. Destination Error Nate (%)	25.16	18.99	nw.	10.71	231	10.00	100	3.00	*.m	10	538	441	100	134	6.79	2.96	-mm	mn	75.00	40

If you are interested in viewing any of the HDX reports in full, please do send your request to <u>roger.pitzer@dhhs.nh.gov</u>. The BoS System Performance Measures are usually distributed to all BoS providers during review and submittal times.

# SFY 2016 Bureau of Homeless and Housing Services Funding Resources

## SFY 2017 Bureau of Homeless and Housing Services Funding Resources

The following outlines New Hampshire DHHS, BHHS funding sources. Amounts are approximate because many grants run either on a multi-year term or are on a different cycle than the state's fiscal year. For more detailed information about a particular funding source, please contact BHHS directly at 603-271-9196.

### **State of New Hampshire General Funds**

Emergency Shelters, Domestic Violence Shelters, Homeless Prevention and Intervention Programs, Housing Security Guarantee Program, and Homeless Housing and Access Revolving Loan Fund

Actual Expenditures: \$4,191,582.17

## U.S. Department of Housing and Urban Development (HUD)

Emergency Shelters, Homeless Prevention and Intervention Programs, Homeless Outreach and Intervention Program (HOIP), Transitional and Supportive Housing Programs, Shelter + Care (S+C) Programs, Housing Opportunities for Persons With AIDS (HOPWA) Program, and the New Hampshire Homeless Management Information Systems (NH-HMIS) Database

Actual Expenditures: \$4,470,208.85

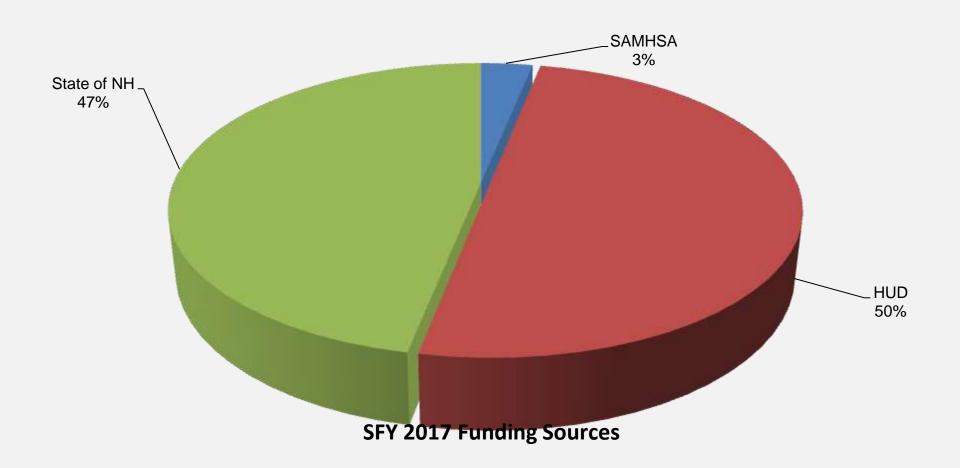
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)

Projects for Assistance in Transition from Homelessness (PATH) Outreach Program

Actual Expenditures: \$284,503.06

Actual Expenditures – SFY 2017 \$8,946,294.08

# Financials Pie Chart



# SFY 2017 New Hampshire State Funded Homeless Shelters & Housing Programs Service Totals

	SFY '11	SFY '12	SFY '13	SFY '14	SFY '15	SFY '16	SFY '17
Total Persons Sheltered	4,942	4,825	4,732	4,760	4,301	4,013	4,496
Total Bed Nights Provided*	252,589	294,138	273,116	255,586	290,564	311,855	301,399

\*Bed nights definition: the total number of nights of shelter provided to homeless persons.

# SFY 2017 New Hampshire Homeless Services Activities Summary Service Totals

## State-Funded Shelter Services

4,496	Persons sheltered (Emergency and Transitional)
479	Persons sheltered in domestic violence shelters

## Of Persons Sheltered There Were

,660	Single adults
646	Families
566	Adults
787	Children

## **Sub-Populations**

	<b>▲</b>
1,245	Persons with known mental illness
217	Persons with alcohol abuse
612	Persons with substance abuse
222	Persons with a developmental disability
688	Persons with a physical disability
736	Victims of domestic violence
205	Veterans
	Persons with HIV/AIDS
453	Persons who are chronically homeless
65	Average Length of Stay in Emergency and DV
	Shelters (# of days)
189	Average Length of Stay in Transitional Housing
	Programs (# of days)

## State-Funded Prevention/Intervention Services

5,377	Total persons served
2,209	Single Adults
1,320	Families
3,168	Persons in Families.

## Balance of State Continuum of Care

2,442	Outreach
259	Transitional Housing persons served
412	Permanent Housing persons served
302	CoC: Rapid Re-Housing persons served

## Manchester Continuum of Care

284	Permanent Housing persons served
429	Transitional Housing persons served

## Greater Nashua Continuum of Care

351	Permanent Housing persons served
343	Transitional Housing persons served

## Other Program Types

192	ESG Prevention persons served
345	ESG Rapid Re-Housing persons served
611	Housing Security Guarantee Program households assisted
146	Homeless Housing and Access Revolving Loan Fund
	households assisted